

NEW YORK STATE DEPARTMENT OF HEALTH AND HEALTH RESEARCH, INC.

A Request for Proposal for

Bureau of Chronic Disease Research and Evaluation

RFP No. 15500

Behavioral Risk Factor Surveillance System (BRFSS)

Schedule of Key Events

RFP Release Date	August 20, 2014
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Written Questions Due	September 3, 2014
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Response to Written Questions, on or about	September 12, 2014
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Letter of Interest Due (optional)	September 17, 2014
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Proposal Due Date	September 26, 2014 by 4:00PM ET
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Anticipated Contract Start Date	November 1, 2014
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Table of Contents	Page
DESIGNATED CONTACTS	3
A. INTRODUCTION	4
B. BACKGROUND	4
Overview of BRFSS	
C. DETAILED SPECIFICATIONS	6
1. Annual Statewide NYS BRFSS	6
2. County-level NYS BRFSS	7
3. Asthma Call Back Surveys	7
4. Funding	7
D. PROPOSAL REQUIREMENTS	8
1. Eligible Bidders	8
2. Instructions for Completing Technical Proposal	8
a. Mandatory Requirements	8
b. Organizational Experience, Capacity, and Ability	8
c. Methodology	9
d. Prescribed Format	10
3. Instructions for Completing Financial Proposal	10
a. Bid Price	10
b. Additional Submission Requirements of Highest Scoring Vendor	11
4. Method of Award	11
E. ADMINISTRATIVE	13
1. Issuing Agency	13
2. Inquiries	13
3. Submission of Proposals	13
4. The Department of Health Reserves the Right to	14
5. Payment	15
6. Term of Contract	16
a. State Contract	16
b. HRI Contract	16
7. Debriefing	17
8. Protest Procedure	17
9. Vendor Responsibility Questionnaire	18
10. State Consultant Services Reporting	18
11. Lobbying Statute	19
12. Accessibility to State Agency Web-based Intranet and Internet Information and Application	20
13. Information Security Breach and Notification Act	20
14. New York State Tax Law Section 5-a	21
15. Piggybacking	21
16. Contractor Requirements and Procedures for Business Participation Opportunities for NYS Certified Minority and Women Owned Business Enterprises and Equal Opportunities for Minority Group Members and Women	22
17. Iran Divestment Act	25
F. APPENDICES	26
G. TERMS AND CONDITIONS OF HRI CONTRACT	27
H. ATTACHMENTS	27

Contacts Pursuant to State Finance Law § 139-j and 139-k

DESIGNATED CONTACTS:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contacts to whom all communications attempting to influence this procurement must be made:

Joe Zeccolo
New York State Department of Health
Grants and Procurements Unit
Empire State Plaza, Corning Tower, Room 2756
Albany, NY 12237
Phone: 518-474-7896
E-mail: joseph.zeccolo@health.ny.gov

Permissible Subject Matter Contacts:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health also identifies the following allowable contacts for communications related to the following subjects:

Submission of Written Proposals or Bids:

Submission of Written Questions:

Debriefings:

Negotiation of Contract Terms after Award:

Ian Brissette
Bureau of Chronic Disease Evaluation and Research
1084 Corning Tower
Albany, NY 12237-0679
ian.brissette@health.ny.gov

Mycroft Sowizral
Bureau of Chronic Disease Evaluation and Research
1070 Corning Tower
Albany, NY 12237-0679
mycroft.sowizral@health.ny.gov

Minority and Women Owned Business Liaison:

Justin Engel
Bureau of Contracts
Corning Tower, 27th Floor
Albany, NY 12237-0679
Justin.Engel@health.ny.gov

For further information regarding these statutory provisions, see the Lobbying Statute summary in Section E, 10 of this solicitation.

A. INTRODUCTION

The purpose of this request for proposals (RFP) is to select a contractor to assist the New York State Department of Health (NYSDOH) and Health Research Inc. (HRI), a not-for-profit organization responsible for grants administration of non-state funding sources for the NYSDOH, with conducting the NYS Behavioral Risk Factor Surveillance System (BRFSS) according to the standardized protocol developed by the Centers for Disease Control and Prevention (CDC) (Attachments 1, 2, and 3).

It is the NYSDOH's intent to enter into contract with the bidder selected as a result of this RFP for a five-year contract period anticipated to commence November 1, 2014 through October 31, 2019. During the period from November 1, 2014 through December 31, 2014 the contractor will be responsible for start-up activities in advance of the beginning of data collection in January 2015. It is anticipated that the Contractor will conduct the 2015, 2016, 2017, 2018 and 2019 annual BRFSS January through December of each year. During the period from January 1, 2019 through March 31, 2019 the contractor will be responsible for preparation of the final 2018 data set. During the period from January 1, 2019 – October 31, 2019, the Contractor will conducting the 2019 survey with the remaining 2 months of surveys (November – December 2019) as well as the data cleaning and reporting of the 2019 survey to be accomplished via the contract with Health Research, Inc. The contractor shall be responsible for providing the Contract Deliverables in accordance with the specifications in this RFP. Additionally, it is HRI's intention to enter into a one year contract, with the selected contractor for the deliverables specified in this RFP. The HRI contract anticipated contract period will be November 1, 2014 – October 31, 2015 and will be renewed annually during the project period, contingent upon the satisfactory performance of the required deliverables. For the NYSDOH contract, continued work with the contractor will be contingent upon performance of the required activities on schedule and within cost, adherence to CDC BRFSS and NYSDOH protocols, and on-going availability of funds. For the HRI contract, continued work with the contractor beyond the first year and for each subsequent year of the contract will be contingent upon performance of the required activities on schedule and within cost, adherence to CDC BRFSS and NYSDOH protocols and on-going availability of funds.

B. BACKGROUND

Overview of BRFSS

The BRFSS is an annual phone survey conducted by all 50 states in the nation in coordination with the CDC. The NYSDOH/HRI has conducted the statewide BRFSS according to CDC protocol since 1985. The annual statewide telephone survey of adults is administered through the Bureau of Chronic Disease Evaluation and Research, Division of Chronic Disease Prevention. Data obtained from the BRFSS is vital and used by multiple NYSDOH programs and partners around NYS for surveillance, planning, policy, and evaluation purposes. Information regarding the BRFSS including the CDC protocol may be found on the CDC website at <http://www.cdc.gov/brfss/> and for the NYS BRFSS on the NYSDOH website at <http://www.health.ny.gov/statistics/brfss/>.

The BRFSS was developed by CDC to promote consistent data collection across

states, while simultaneously affording flexibility to meet the annual information needs of the NYSDOH and others. The BRFSS questionnaire includes a core set of questions used by all participating states within a given year. Individual states also have the ability to add CDC-developed Optional questions of specific interest and can address their emerging public health issues through the use of state-added questions. States also have the option of conducting split surveys, fielding two or more questionnaires consisting of a common core set of questions and a different mix of optional and state-added questions within a survey year. This allows states to obtain information on a greater variety of topics and, importantly, for a larger sample. The NYSDOH makes every effort to maximize BRFSS sample size with the resources available. Increasing sample size has the advantage of providing greater power and precision for reporting results with respect to gender, age, and the racial/ethnic composition of the population. In 2013, BRFSS completed approximately 8,000 interviews using a single questionnaire design. Approximately one-third (2,669) were cell phone interviews. NYS BRFSS surveys are conducted in both English and Spanish. Each year NYSDOH determines the number of completed surveys to be attained based on available funding.

The CDC BRFSS methodology and protocol has also been applied to a number of other NYSDOH telephone surveys. These include the current Asthma Call Back Survey designed to re-contact BRFSS respondents with asthma to obtain additional information related to asthma history and care. It is anticipated that the Asthma Call Back Survey as a component of the NYS BRFSS will continue through the 2015 survey year pending available funding.

The CDC BRFSS methodology was also used for the 2003, 2009 and 2013 County-level BRFSS projects for county and local-level BRFSS surveillance. In 2013, the county-level BRFSS collected approximately 31,000 complete surveys. Of the total, 25% (7,770) were cell phone interviews. Information regarding the Expanded BRFSS projects may be found on the NYSDOH website at <http://www.health.ny.gov/statistics/brfss/expanded/>. These surveys require using stratification, over-sampling, and other survey techniques to improve survey efficiency and reduce bias. Should there be the need and funding available within the contract period to complete a survey that produces representative data for the 62 counties in NYS or regions of NYS, this RFP will serve as the basis for completing this scope of work.

The BRFSS is supported by a cooperative agreement with the CDC and by State funding provided by other NYSDOH and State agencies to support the inclusion of program specific questions. As part of the BRFSS annual survey, a randomly selected sample of non-institutionalized adults (aged 18 years and older) is administered survey questions that assess modifiable risk behaviors and other factors contributing to the leading causes of morbidity and mortality in the population (Attachments 1 and 4).

Since 2009, the NYS BRFSS has included a cell phone survey component. Beginning in 2010 CDC required States to administer the annual BRFSS by cell phone (Attachments 2 and 5). The 2014 NYS BRFSS will also include a cell phone data collection, survey component which shall be administered in adherence to the CDC protocol within the contract period.

Both the CDC and NYSDOH/HRI have used the BRFSS survey as the basis for completing call back surveys with a portion of the sample completing the annual survey.

Between 2006 and 2013 the NYS BRFSS incorporated an Asthma Call Back Survey (Attachments 3, 6 and 7). This RFP includes criteria and scoring to assess the experience and ability of bidders to conduct a call back survey should there be the need and funding available for these purposes within the contract period.

The CDC has encouraged states to pursue alternative formats for administering the BRFSS, including by mail, Internet or Smart-phone application. This RFP includes criteria and scoring to assess the experience and ability of bidders to conduct the survey using alternative formats (i.e., other than landline or cell phone) should there be the need and funding available for these purposes within the contract period.

C. DETAILED SPECIFICATIONS

Questionnaire content is revised on an annual basis (September – December) with data collection occurring from January 1 through December 31. NYSDOH develops the questionnaire content in collaboration with the CDC. Public health programs in the NYSDOH routinely request questions that have neither been included on the BRFSS nor other surveys administered by phone, be included on the NYS BRFSS. This may necessitate question development, including cognitive testing, pretesting, writing interview prompts, developing coding for open-ended questions and performing analyses to determine the reliability of questions.

The BRFSS is used to address state and national emerging issues of public health importance. This may require making mid-year changes to the questionnaire and/or sampling plan in order to meet the need for information on emerging issues. In addition, data cleaning and preparation of a data set are conducted January 1 – March 31 annually.

A completed interview is defined according to the standards of the American Association for Public Opinion Research and reflects an interview in which the participant answered more than 80% of all applicable questions.

1. Annual Statewide NYS BRFSS

The contractor selected through this competitive RFP process will be responsible for completing the following activities to conduct the annual NYS BRFSS, according to the CDC protocols for landline and cell phone data collection, anticipated to begin with the 2015 survey:

- a. Maintain the current methodology for using list-assisted random digit dialing telephone survey procedures identified through CDC protocol to select a statewide probability sample of the non-institutionalized, civilian adult population aged 18 years and over;
- b. Set up and test the survey questionnaire to be conducted using contractor supplied Computer Assisted Telephone Interviewing (CATI) application software methods in both English and Spanish, and describe procedures that will be used for conducting Spanish speaking interviews;
- c. Develop methods and procedures for administering the BRFSS by cell

phone in accordance with the CDC guidelines for cell phone data collection included within this RFP;

- d. Collect questionnaire data in either English or Spanish from adult respondents by trained interviewers using CATI application software, and methodology adhering to the BRFSS protocols for landline and cell phone data collection. The contractor's responsibilities will include all aspects of data collection using CATI application software including computerization of the questionnaire, interviewer training, interview administration, and CATI application software data management;
- e. Collect questionnaire data through single survey or split survey methods as directed by NYSDOH during questionnaire development;
- f. Develop procedures which minimize both sampling and non-sampling error while maximizing the sample size achievable with the funding available;
- g. Employ widely recognized quality control indicators, disposition codes and response rate measures common to telephone survey methodologies and in accordance with BRFSS protocol;
- h. Produce clean monthly data files and a final year-end data file for submission to CDC and NYS according to the timeline provided by the CDC and CDC BRFSS specifications in the BRFSS Operational and Users Guide (Attachment 1); and
- i. Submit quality assurance reports on a regular basis as directed by NYSDOH.

2. County-level NYS BRFSS

The selected contractor will also be responsible for conducting all aspects of a survey to produce representative data for each of the 62 counties should funds be made available for this purpose. The surveys should be conducted in accordance with the detailed specifications provided under Section C1 of this RFP. County-level BRFSS is not conducted every year but is conducted periodically based upon the Department's need for county-level data and the availability of funding.

3. Asthma Call Back Surveys

The selected contractor will also be responsible for conducting all aspects of the Asthma Call Back Survey or other call back surveys as a component of the 2015 NYS BRFSS, should funds be made available for this purpose. The surveys should be conducted in accordance with the detailed specifications provided under Section C1 of this RFP. Continuation is contingent upon the need for the data and the availability of funding.

4. Funding

The amount of annual funding made available for the project will vary from year to year. The NYS BRFSS is financed through state, federal, and other funding sources. State BRFSS funds are administered under the terms of a state

miscellaneous services contract. Federal and other funds to support the BRFSS will be administered under the terms of the HRI contract. Therefore, this RFP will be used to establish contracts with both NYSDOH and HRI to conduct each year's statewide survey. The successful bidder will work with NYSDOH to manage and track payment through both contracts.

D. PROPOSAL REQUIREMENTS

NYSDOH/HRI reserves the right to change requirements at any time during the bidding process provided the changes are justified and that modifications would not materially benefit or disadvantage a bidder. Any modifications and/or amendments to the RFP will be made prior to receipt of proposals and all potential bidders made aware of the changes. Additionally, the modifications and/or amendments will be posted on the NYSDOH and HRI websites. Submission of proposals indicates acceptance of all conditions contained in this RFP.

Entities that choose not to bid are requested to fill out Attachment 9, No Bid Form and return it to the address listed in Section E. 3.Submission of Proposals.

1. Eligible Bidders

Eligible bidders include any company or organization which meets the following Mandatory Requirements:

- Bidder's call center and call center staff must be based in the continental United States;
- minimum of one (1) year of telephone based survey experience; and
- minimum of one (1) year of experience using CATI application software methodology.

To substantiate minimum experience requirements, the bidder should provide references and contact information from a minimum of one (1) organization. For each reference, provide the name of the organization, a contact name and professional title, address and telephone number. Also provide a project-identifying title, brief description of the scope of the services provided, dates of service, deadlines, reports produced and other relevant information.

2. Instructions for Completing Technical Proposal (70%)

a. Organizational Experience, Capacity, and Ability

- Please describe your organization's experience, capacity, and ability in the following areas:
 - Conducting population-based RDD telephone interviews (landline) according to CDC protocol (BRFSS) using CATI application software to conduct annual BRFSS and if applicable, county-level BRFSS;

- Conducting population-based RDD telephone interviews (cell phone) according to CDC guidelines for annual and county-level BRFSS;
 - Conducting Asthma Call Back interviews according to CDC guidelines as a component of population-based telephone surveys;
 - Conducting pilot studies for alternative formats and administering interviews using alternative formats (i.e. mail or web-based) according to CDC guidelines for annual and county-level BRFSS;
 - Conducting surveys in county-level (sub-state geographical areas), and among population groups defined by socio-economic and demographic characteristics;
 - Developing questions of inclusion in surveys using CDC (BRFSS) guidelines, including cognitive testing, pretesting and reliability analysis for annual and county-level;
 - Fielding split-surveys that include two or more questionnaires with a common core set of questions and a different mix of optional and state-added questions within a survey year; and
 - Making mid-year changes to modify the annual and/or county-level BRFSS to meet the need for information on emerging public health issues.
- Adequate staffing to include project management, supervisors, interviewers (including Spanish speaking), statistical and sampling support, and others as needed. Resumes of key staff should be included as attachments.
 - Experience, capacity, and ability to develop questionnaires and conduct interviews in English and Spanish.
 - Detailed description and availability of equipment, call-center facilities, capacity, and administrative support to conduct the annual and county-level BRFSS (when directed by the Department), using landline surveys cell phone interviews, call back interviews, and interviews using alternative formats. This section should clearly indicate how the organization will utilize existing or new equipment, facilities, and administrative support for completing all aspects of this project within the specified time period. Include a description of computer technical support and backup systems to prevent loss of data when systems fail.

b. Methodology

- Provide a detailed methodology using list-assisted random digit dialing telephone survey procedures following CDC BRFSS protocol to obtain probability samples representative of NYS adults with respect to the age, sex, and race/ethnicity (white/non-white). This should include a description of procedures employed to interview Spanish speaking respondents.
- Provide a detailed methodology to conduct the cell phone portion of the BRFSS survey referring to the CDC guidelines included with this RFP.

- Provide a detailed methodology to conduct a call back survey as a component of the 2015 NYS BRFSS referring to the CDC guidelines included with this RFP.
- Provide a detailed methodology to conduct an alternative format (i.e. web-based, mail) portion of the BRFSS survey referring to the CDC guidelines included with this RFP and pilot studies of new formats for the BRFSS.
- Provide a detailed description of survey procedures and operations to ensure maximum survey quality and minimum error across modes of survey administration. This may include but is not limited to a description of the expected success with respect to indicators of survey quality, training, and uniform procedures to conduct the survey such as call scheduling, callback verification, refusal conversion, handling ring-no-answers, business numbers, refusals, and documentation of calls made. This section should also include a description of procedures to ensure confidentiality and issues related to informed consent.
- Provide a description of procedures to be used in producing final products of this project including compiling, editing, and transmitting monthly and annual datasets according to BRFSS protocol.
- Describe procedures to ensure respondent confidentiality and data security.

Note: Bidders are strongly encouraged to submit documentation supporting their experience and ability to successfully conduct the BRFSS and Expanded BRFSS (county level), including computer reports and other documentation demonstrating adherence to protocol and quality control. Such documentation may be included in the narrative or as attachments.

d. Prescribed Format

- The Technical Proposal should be no longer than 35 double-spaced, one-sided pages excluding directly relevant appendices (i.e. completed forms included in attachments section; documentation of mandatory requirements, organizational experience, capacity, and capability; and methodology). Only the first 35 pages of the Technical Proposal will be read and scored. Exceeding 35 pages may result in a poor technical proposal score.
- The Technical Proposal pages should be numbered and typed on 8.5 x 11 inch paper, with one inch margins, using Times New Roman font with a minimum size of 12.
- The Bidder organization's name should be on the header of each page.
- The Technical Proposal should include a cover page that contains the following information:

- Title of proposal;
- Name of bidder firm, address, phone number, fax number, and E- mail address;
- Bidder firm's federal tax identification number;
- New York Statewide Financial System Vendor ID # if applicable;
- Name of person authorized to sign a contract for this firm (corporate officer for contract negotiation), address, telephone, fax number and email address including original signature;
- Project manager for this proposal, address, telephone, fax number, and email address; and
- Contact person for this proposal, address, telephone, fax number, and email address.
- Completed and signed Attestation Letter (Attachment 18)
- Completed and signed Lobbying Form (Attachment 8)

3. Instructions for Completing Financial Proposal (30%)

Bidders must complete the Bid Cost Form provided with this RFP to be considered for this contract. The annual BRFSS is conducted by landline and cell phone. In Year 1, 30% of interviews will be completed via cell phone and 70% of interviews completed via landline. A corresponding Asthma Call Back survey also occurs annually and is completed via cell phone (30%) and landline (70%). In addition, a county level BRFSS conducted via landline and cell phone may be requested by the funder in a selected year(s) to be determined.

A completed interview is defined according to the standards of the American Association for Public Opinion Research and reflects an interview in which the participant answered more than 80% of all applicable questions.

a. Bid Price Cost Proposal

Annual BRFSS: The goal number of interviews varies from year to year. In some years, a larger number of additional questions are needed, requiring additional questions to be asked in two separate survey questionnaires to maintain an appropriate length of survey. In addition, all payments made to contractors will be solely based on price per completed interview (January – December annually) with payment beginning following the first voucher submitted for January 2015 data collection. Costs associated with advance preparation for conducting the interviews (November-December in year one and September – December in

subsequent years), costs associated with data cleaning and reporting (January – March annually) and other ongoing expenses should be factored into the per completed interview price. For the purpose of selecting a contractor through this RFP process, bidders are asked to submit the Bid Price Cost Proposal Form Part A (Attachment 10) the following prices for Year One of this contract:

- Per completed interview price for a total of 4,000 completed annual BRFSS landline interviews;
- Per completed interview price for a total of 4,001 or above completed landline interviews;
- Per completed interview price for 1,700 completed annual BRFSS cell phone interviews;
- Per completed interview price for a total of 1,701 or above completed cell phone interviews;
- Per completed interview price for a total of 400 completed Asthma Call Back landline interviews; and
- Per completed interview price for a total of 401 or above completed Asthma Call Back landline interviews.
- Per completed interview price for up to 170 completed Asthma Call Back cell phone interviews
- Per completed interview price for 171 or above completed Asthma Call Back cell phone interviews

For contract years two (2) through five (5), the per completed interview price quoted will be subject to an annual increase of the lesser of three percent (3%) or the percent increase in the National Consumer Price Index for All Urban Consumers (CPI-U) as published by the United States Bureau of Labor Statistics, Washington, D.C., 2012 for the 12 month period ending September 30th of the previous contract year.

Expanded (County-Level) BRFSS: The county-level BRFSS is not conducted every year however, it is expected to be conducted at least once during the contract period. Bidders are asked to complete the Bid Price Cost Proposal Form Part B to submit prices for the county-level BRFSS:

- Per completed interview price for up to 17,500 completed county level BRFSS landline interviews, with a minimum of 282 completed interviews per county;
- Per completed interview price for a total of 17,501 (above 282 per county) or above completed county level BRFSS landline interviews;
- Per completed interview price for a total of 7,500 completed county level BRFSS cell phone interviews, with a minimum of 121 per county; and
- Per completed interview price for a total of 7,501 (above 121 per county) or above completed county level BRFSS cell phone interviews

If the county-level BRFSS does not begin in 2015, the per completed interview price quoted is subject to an annual increase of the lesser of three percent (3%) or the percent increase in the National Consumer Price Index for All Urban Consumers (CPI-U) as published by the United States Bureau of Labor Statistics,

Washington, D.C., 2012 for the 12 month period ending ninety (90) days prior to the date of commencement of the county-level BRFSS, prorated on a monthly basis from January 1, 2016 until the date of commencement. Should subsequent county-level BRFSS occur, the per completed interview price quoted is subject to an annual increase of the lesser of three percent (3%) or the percent increase in the National Consumer Price Index for All Urban Consumers (CPI-U) as published by the United States Bureau of Labor Statistics, Washington, D.C., 2012 for the 12 month period ending ninety (90) days prior to January 1st of subsequent contract years.

All bids should be provided using the Bid Price Cost Proposal Form (Attachment 10).

A completed MWBE Form 1 and/or Form 2 (Attachment 12) should be submitted within the Financial Proposal

4. Method of Award

Pass/Fail Assessment (Mandatory Requirements)

All proposals will be reviewed by NYSDOH to ensure that minimum criteria are met.

- Proposal package must be received at the address stated in Section E.3, Submission of Proposals, by the date and time specified in the Schedule of Key Events
- Bidder Eligibility (See Section D. 1. Eligible Bidders)
- Financial Proposal must include a completed Bid Price Cost Proposal Form (Attachment 10).

At the discretion of the Department of Health/HRI, all bids may be rejected. The Evaluation of the bids will include, the following considerations:

The TEC will evaluate and score each bidder's ability to provide the services based on the scoring system described in this RFP. Only those bidders' proposals that meet all of the mandatory requirements of the Technical Proposal will be scored. The scoring will be based on a number of factors including the technical merit and clarity of the proposal, an assessment of past experience and current qualifications of the bidder as detailed in the proposal, responses to any clarifying questions, and reference checks. Information from the financial proposal, or evaluation thereof, will not be available to the TEC during their evaluation.

In evaluating each Financial Proposal, the Financial Evaluator will score the Bid Price Form, using the formula described below.

Final selection will be based on the Total Combined Score as follows:

- The Technical Proposal evaluation score will be ranked based on the average of the evaluators' ratings. The highest ranking average score will receive **the maximum score (70)**, and other bidders will receive a proportional score, as calculated using the following formula:

Technical Score = $(x/y) \times 70$, where:

x = raw score of proposal being scored

y = raw score of highest scoring proposal

The costs described under Bid Price in the Detailed Specifications section of this RFP and listed on the Bid Price Cost Proposal Form for Year One.

- The lowest total price will **receive the maximum score (30)**, and the other bidders will receive a proportional score using the following formula:

BRFSS Interview Financial Score = $(a/b) \times 30$ where:

a = total cost of lowest cost proposal

b = total cost of proposal being scored

- The bidder's technical score and financial score will be combined using the following formula:

Technical Score (maximum 70) + Financial Score (maximum 30) =
Total Combined Score = (maximum 100)

The Selection Committee will select the responsive and responsible bidder, with the highest Total Combined Score, whose proposal, reflects the best value. Prior to selection, this RFP and all responses thereto are subject to review by the Governor's Task Force on Information Resource Management. The State contract will be approved by NYSDOH, the Attorney General, and the Office of the State Comptroller. The HRI contract will be approved by NYSDOH and HRI.

In the event of a tie, the determining factor(s) for award, in descending order of importance, will be:

- Lowest cost
- Minority/Women-owned Business Enterprise (MWBE) utilization
- Past experience
- References

E. ADMINISTRATIVE

1. Issuing Agency

This Request for Proposal (RFP) is a solicitation issued by the NYS Department of Health and Health Research, Inc. The Department/HRI are responsible for the requirements specified herein and for the evaluation of all proposals.

2. Inquiries

Any questions concerning this solicitation must be directed to:

Ian Brissette

NYS NYSDOH
Bureau of Chronic Disease Evaluation and Research
Empire State Plaza
Corning Tower Building, Room 1084
Albany, NY 12237-0679
ian.brissette@health.ny.gov

Questions and answers, as well as any RFP updates and/or modifications, will be posted on the Department of Health's website at:

<http://www.health.ny.gov/funding/> and HRI's website at:

<http://www.healthresearch.org/funding-opportunities>

by the date indicated on the Schedule of Key Events.

3. Submission of Proposals

Interested bidders should submit two (2) signed originals and six (6) signed copies of their Technical Proposal and two (2) signed originals and two (2) signed copies of the Bid Price Cost Proposal (Attachment 10) not later than the time and date listed on the Schedule of Key Events.

Responses to this solicitation should be clearly marked "Behavioral Risk Factor Surveillance System (BRFSS)" and directed to:

Ian Brissette
NYSDOH
Bureau of Chronic Disease Evaluation and Research
Empire State Plaza
Corning Tower Building, Room 1084
Albany, NY 12237-0679

It is the bidders' responsibility to see that bids are delivered prior to the bid due date and time. Late bids due to delay by the carrier or not received by the Department before the time/date specified in the Schedule of Key Events will not be considered.

- The Lobbying Form should be filled out in its entirety (Attachment 8). The responsible corporate officer for contract negotiation must be listed. This document should be signed by the responsible corporate officer.
- All evidence and documentation requested under Section D, Proposal Requirements should be provided at the time the proposal is submitted.

4. THE DEPARTMENT OF HEALTH AND HRI RESERVE THE RIGHT TO:

- Reject any or all proposals received in response to the RFP;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals;

- Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the **bid opening**, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;
- Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 60 days from the bid opening; and,
- Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

5. Payment and Reporting

If awarded a contract, the contractor shall submit invoices and/or vouchers to the State's designated payment office:

- Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: DOHaccountspayable@ogs.ny.gov with a subject field as follows:

Subject: <<Unit ID: 3450263>> <<Contract # TBD>>

- Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450263
PO Box 2093
Albany, NY 12220-0093**

For State Contract Only: Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check

is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by Email at epunit@osc.state.ny.us or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

For the State contract, vouchers for the monthly payment of completed interviews (not including partial completes) must be submitted as outlined in the RFP section entitled "5. Payment," which is shown above.

A completed interview is defined according to the standards of the American Association for Public Opinion Research and reflects an interview in which the participant answered more than 80% of all applicable questions.

A targeted number of completed interviews for landline and cell phone is established by NYS DOH prior to the start of the data collection for the year. The contractor will be paid the price quoted per completed interview for each survey type and phone type based on the targeted number.

For the annual BRFSS and the Asthma Call-back survey, annually the payment will be reduced by the percentage of completed interviews below the goal number of completed interviews established at the beginning of the data collection year. For example, if the goal is 4,000 completed surveys but 3,000 interviews are actually completed, *4,000 minus 3,000 completed interviews equals 1,000 completed interviews below goal: 1000/4000=25%*. Annual payment will be reduced by 25%.

For the county-level BRFSS, annual payment will be reduced by the percentage of completed interviews below the goal of completed interviews per each county in New York State. For example, if the county-level goal is 400 but 360 interviews are actually

completed in a given county, *400 minus 360 completed interviews equals 40 completed interviews below goal.* $40/400 = 10\%$. Annual payment for data collection in that county will be reduced by 10%.

The reduction in the annual payment, as determined using the previously mentioned formula, will be recovered from subsequent payments due to the contractor. Starting in month twelve (12) of each contract year, the full amount of the monthly voucher will be withheld and applied to the amount owed the state for the reduction in annual payment until paid in full.

Quality assurance reports should be submitted as requested to the BRFSS Coordinator below. Data files should be submitted monthly to:

Mycroft Sowizral, BRFSS Coordinator
Bureau of Chronic Disease Evaluation and Research
1070 Corning Tower
Albany, NY 12237-0679

There will be no advance of funding under this contract. The final voucher must be submitted within 30 days of the end of the contract period.

For the HRI contract, vouchers for the monthly payment of completed interviews must be accompanied with documentation of completion of each of the monthly sampling replicates and submission of quality assurance reports. These should be submitted monthly to:

Mycroft Sowizral, BRFSS Coordinator
Bureau of Chronic Disease Evaluation and Research
1070 Corning Tower
Albany, NY 12237-0679

6. Term of Contracts

a. State Contract

This agreement shall be effective upon approval of the NYS office of the State Comptroller.

The anticipated time period of this contract is a Five (5) year contract period anticipated to commence on the date specified in the Schedule of Key Events.

This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

b. HRI Contract

The HRI contract resulting from the RFP shall be effective upon the approval of HRI.

The initial annual contract will have a time period of November 1, 2014 through

October 31, 2015. The total value will depend on the availability of funding from federal grant awards. Annual renewals will be dependent on satisfactory performance of the contractor and subject to the availability of funds.

7. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

8. Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at:

<http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

9. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible contractors. Contractors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us. Contractors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. The winning bidder must also complete and submit the Vendor Responsibility Attestation (Attachment 11).

10. State Consultant Services Reporting

Chapter 10 of the Laws of 2006 amended certain sections of State Finance Law and Civil Service Law to require disclosure of information regarding contracts for consulting services in New York State.

The winning bidders for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

Winning bidders must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A

<http://www.osc.state.ny.us/agencies/forms/ac3271s.doc>

State Consultant Services Form B

<http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>

11. Lobbying Statute

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, provides, among other things, the following as pertains to development of procurement contracts with governmental entities:

- a. makes the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b. requires the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c. requires governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d. authorizes the New York State Commission on Public Integrity to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e. directs the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f. requires the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment;
- g. expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;
- h. modifies the governance of the New York State Commission on Public Integrity
- i. provides that opinions of the Commission shall be binding only on the person to whom such opinion is rendered;

- j. increases the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- k. establishes the Advisory Council on Procurement Lobbying.

Generally speaking, two related aspects of procurements were amended: (i) activities by the business and lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental agencies establishing procurement contracts (through amendments to the State Finance Law).

Additionally, a new section 1-t was added to the Legislative Law establishing an Advisory Council on Procurement Lobbying (Advisory Council). This Advisory Council is authorized to establish the following model guidelines regarding the restrictions on contacts during the procurement process for use by governmental entities (see Legislative Law §1-t (e) and State Finance Law §139-j). In an effort to facilitate compliance by governmental entities, the Advisory Council has prepared model forms and language that can be used to meet the obligations imposed by State Finance Law §139-k, Disclosure of Contacts and Responsibility of Offerers. Sections 139-j and 139-k are collectively referred to as "new State Finance Law."

It should be noted that while this Advisory Council is charged with the responsibility of providing advice to the New York State Commission on Public Integrity regarding procurement lobbying, the Commission retains full responsibility for the interpretation, administration and enforcement of the Lobbying Act established by Article 1-A of the Legislative Law (see Legislative Law §1-t (c) and §1-d). Accordingly, questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Commission on Public Integrity.

12. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any web-based intranet and internet information and applications development, or programming delivered pursuant to the contract or procurement will comply with New York State Enterprise IT Policy NYS-P08-005, "Accessibility Web-based Information and Applications", and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to New York State Enterprise IT Standard NYS-S08-005, as determined by quality assurance testing. Such quality assurance testing will be conducted by Department of Health, contractor or other, and the results of such testing must be satisfactory to the Department of Health before web content will be considered a qualified deliverable under the contract or procurement.

13. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual's unencrypted personal information plus one or more of the following: social security number, driver's license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at: <http://www.cscic.state.ny.us/security/securitybreach/>

14. New York State Tax Law Section 5-a

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

Contractor must complete and submit directly to the New York State Taxation and Finance, Contractor Certification Form ST-220-TD. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the

information changes for the contractor, its affiliate(s), or its subcontractor(s), a new form (ST-220-TD) must be filed with DTF.

Contractor must complete and submit to the Department of Health the form ST-220-CA (see link in this section), certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer non-responsive and non-responsible. Offerers shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

N.Y.S. Taxation and Finance Contractor Certification Form ST-220-TD
http://www.tax.ny.gov/forms/form_number_order_st_y.htm

N.Y.S. Taxation and Finance Contractor Certification Form ST-220-CA
http://www.tax.ny.gov/forms/form_number_order_st_y.htm

15. Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.state.ny.us/procurecounc/pgbguidelines.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

16. Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority and Women Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of New York State Department of Health contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting

versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that New York State Department of Health establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, New York State Department of Health hereby establishes an overall goal of 20% for MWBE participation, 10% for Minority-Owned Business Enterprises (“MBE”) participation and 10% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that New York State Department of Health may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how New York State Department of Health will determine a Contractor’s “good faith efforts,” refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and New York State Department of Health may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract (“Bidder”) agrees to submit the following documents (Attachment 12) and information as evidence of compliance with the foregoing:

A. Bidders are required to submit a MWBE Utilization Plan on Form #1 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the

Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to New York State Department of Health.

B. New York State Department of Health will review the submitted MWBE Utilization Plan and advise the Bidder of New York State Department of Health acceptance or issue a notice of deficiency within 30 days of receipt.

C. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to the [AGENCY NAME, address phone and fax information], a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by New York State Department of Health to be inadequate, New York State Department of Health shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on Form #2. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

D. New York State Department of Health may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver; or
- d) If New York State Department of Health determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to New York State Department of Health, but must be made prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report on Form #3 to the New York State Department of Health address, phone and fax information, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the

Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women (Attachment 12). The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan (Form #4) identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the New York State Department of Health, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

17. Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website at:

<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited

Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should the Department of Health receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the Department of Health will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the Department of Health shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

The Department of Health reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

18. Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidder's should complete Attachment 17 to indicate their intent to use/not use New York Businesses in the performance of this contract.

F. APPENDICES

The following will be incorporated as appendices into the state contract resulting from this Request for Proposal. This Request for Proposal will, itself, be referenced as an appendix of the contract.

- ❑ APPENDIX A - Standard Clauses for All New York State Contracts
- ❑ APPENDIX B - Request for Proposal

- ❑ APPENDIX C - Proposal
The bidder's proposal (if selected for award), including any Bid Forms (Lobbying Form-Attachment 8) and all proposal requirements.
- ❑ APPENDIX D - General Specifications
- ❑ APPENDIX E – Proof of Coverage
Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:
 - ❑ Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:
 - **CE-200**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **C-105.2** – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
 - **SI-12** – Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance.
 - ❑ Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:
 - **CE-200**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - **DB-120.1** – Certificate of Disability Benefits Insurance
 - **DB-155** – Certificate of Disability Benefits Self-Insurance
- ❑ Appendix G - Notices
- ❑ Appendix H - Health Insurance Portability and Accountability Act (HIPAA) (if applicable)
- ❑ Appendix M - Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures

Appendix X – Modification Agreement Form (to accompany modified appendices for

changes in term or consideration on an existing period or for renewal periods)

G. TERMS AND CONDITIONS OF HRI CONTRACT

The selected contractor will be required to sign the Consultant Agreement (Attachment 14) and agree to the terms outlined in Appendix A to the Consultant Agreement (Attachment 15)

H. ATTACHMENTS

1. BRFSS Operational and User's Guide
2. BRFSS Cell Phone Project Operational Protocol
3. BRFSS Asthma Call Back Operational Protocol
4. 2013 NYS BRFSS Landline Questionnaire
5. 2013 NYS BRFSS Cell Phone Questionnaire
6. 2013 NYS BRFSS Adult Asthma Call back Questionnaire
7. 2013 NYS BRFSS Child Asthma Call back Questionnaire
8. Lobbying Form
9. No Bid Form
10. Bid Price Cost Proposal Form
11. Vendor Responsibility Attestation
12. M/WBE Procurement Forms
13. Sample Contract Language and Appendices
 - *Appendix A*
 - *Appendix B*
 - *Appendix C*
 - *Appendix D*
 - *Appendix E*
 - *Appendix G*
 - *Appendix H*
 - *Appendix M*
 - *Appendix X*
14. HRI Consultant Agreement
15. Appendix A to Health Research Inc. Consultant Agreement
16. Checklist of Required Items for Bidders
17. Encouraging Use of New York Businesses in Contract Performance
18. Attestation Letter



Behavioral Risk Factor Surveillance System

Operational and User's Guide

Version 3.0

December 12, 2006

Table of Contents

1. Introduction	5
2. About This Guide	5
Using the Table of Contents.....	5
Using the Bookmarks Tab	5
3. BRFSS Process	6
Annual questionnaire construction and distribution	6
Sample selection and screening	6
Monthly data collection.....	6
Data management and reporting	6
4. Survey Protocol.....	7
5. Staff	8
Managing.....	8
Coordinator Responsibilities.....	8
Primary Supervisor Responsibility: In-house Data Collection.....	11
Interviewing: Gathering the Data.....	12
Data Processing: Making the Data Usable	12
Statistical Support	13
Recruiting	13
Recruitment Sources.....	13
Interviewers	13
Supervisors.....	14
CATI Managers	14
Training	15
Refresher Training.....	17
BSB Role	19
Coordinating with BSB	19
BRFSS Project Officer.....	20
BRFSS Working Group	21
BRFSS Working Group Participation	22
6. Questionnaire Development	23
BRFSS Questionnaire	23
Core Component	23
Optional Modules	24
State-Added Questions	24
Annual Conference.....	25
Choosing Optional Modules	26
Including State-Added Questions.....	27
Process.....	27
Examples.....	28
Sample Memo	32
Sample Solicitation Letter.....	34
Sample Topic Selection Criteria	37
Sample Item Selection Criteria	38
Sample Submission Form	39
Basics of Question Design	41
Questionnaire Construction.....	43
Rationale	43
Questionnaire Length	43
Translations.....	44
Production	44

7. Survey Methodology	45
Data Integrity	45
Sampling Design	46
DSS Overview	46
Implementing DSS	48
Sample Size	48
Density Stratum Sampling Ratio	49
Calculating Sampling Ratio	49
Implementing Sampling Ratio	49
Geographic Stratification	50
Sources of Survey Error	51
Common Sources of Error	53
Data Weighting	54
Terms	55
8. Data Collection and Management	56
In-House or Contracted Data Collection?	56
In-House	56
Contracted	59
Obtaining the Telephone Sample	68
Telephone Sample	68
Telephone Sample Format	68
Importing the Current Telephone Sample Format	69
Household and Respondent Selection	70
Household Selection	70
Respondent Selection	70
Disposition Codes	72
Calling Schedule	72
Refusal Conversions	73
Hang Ups	74
Tips	74
Techniques	75
Appointment Procedures	77
Confidentiality	78
Responsibility	78
Steps to Ensure Confidentiality	78
Sample Confidentiality Agreement	80
9. Quality Assurance	81
Overview	81
Interviewer Monitoring and Feedback	82
Purpose	82
Requirements	82
Process	83
State Regulations	83
Verification Callbacks	85
Purpose	85
Process	85
Verification Callback (VCB) Records	86
Discrepancy Procedures	86
Sample Verification Callback Form	87
Interviewer Performance Statistics	90
Interviewer Performance Statistics	90
Data Collection Statistics	91
Process	91
Statistics	91
Data Editing, Correction, and Submission	93
Data Editing and Correction Process	93

Quality Control.....	93
Data Submission	94
Sources of Error	94
10. Obtaining Funding	96
Cooperative Agreement Application.....	96
Funding for State-Added Questions.....	97
Funding from Partners.....	98
Funding from Grants	98
11. Data Use and Promotion	99
Examples from States	99
Data Uses.....	100
Healthy People 2010 Initiative.....	101
Data Availability	101
12. Reference Material	102
Online Resources.....	102
Policy Memos	102
Summary Data Quality Reports and Data Quality Reports.....	103
Stem and Leaf Plot.....	103
Box Plot	103
Z-Scores	103
Proposing New Questions.....	104
Making the Proposal.....	104
Funding Requirements	104
Cognitive Testing.....	104
Question Requirements.....	105
Glossary	106
Acronyms	110
Statistical Resources.....	111
Statistical Sampling	111
Statistical Analysis.....	111
SAS	111
SPSS	112
SUDAAN.....	112
EPI INFO	112

1. Introduction

In 1984, the Centers for Disease Control and Prevention (CDC) initiated the state-based Behavioral Risk Factor Surveillance System (BRFSS) to collect prevalence data on risk behaviors and preventive health practices that affect health status.

The BRFSS is a cross-sectional telephone survey conducted by state health departments with technical and methodologic assistance provided by CDC. States conduct monthly telephone surveillance using a standardized questionnaire to determine the distribution of risk behaviors and health practices among adults. Responses are forwarded to CDC, where the monthly data are aggregated for each state, returned with standard tabulations, and published at the year's end by each state.

The BRFSS questionnaire was developed jointly by CDC's Behavioral Surveillance Branch (BSB) and the states. Data derived from the questionnaire provide health departments, public health officials, and policymakers with necessary behavioral information. When combined with mortality and morbidity statistics, these data enable public health officials to establish policies and priorities and to initiate and assess health promotion strategies.

2. About This Guide

This section provides information about using and navigating this document once you have opened it in Adobe Acrobat. Providing the guide as a PDF (portable document format) document allows it to be entirely navigable online as well as formatted for clean, continuous printing.

Using the Table of Contents

The table of contents page provides a listing for each of the topics in the BRFSS site. Clicking on a section title in the Table of Contents will link you to that section. Please note that clicking the **Back** arrow button in your browser (at the top of your screen) will return you to the Web page you were viewing before you accessed this guide.

Using the Bookmarks Tab

On the left of your screen, there should be a tab labeled **Bookmarks**. Clicking that tab will present you with a full, linked list of this document's sections at the left of your screen. Click the titles to navigate throughout the document. Click the plus sign (+) to expand the menus or the minus sign (-) to collapse them. To close the Bookmarks menu, click the X at the top right corner of the window containing the Bookmarks menu.

If you do not see the Bookmarks tab, you can visit <http://www.cdc.gov/nccdphp/shared/pdfinfo.htm> to download a recent version of Adobe's free Acrobat Reader software.

3. BRFSS Process

Annual questionnaire construction and distribution

1. At the BRFSS Working Group annual meeting in February, program representatives from National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and other parts of CDC are given an opportunity to propose to BSB additional and emerging BRFSS questions for consideration during the annual conference.
2. At the annual conference, states provide input and feedback on the proposed content of the core components and optional modules.
3. After the conference, taking into consideration state priorities, potential funding and other practical aspects, BSB designs core components and optional modules, produces data processing layouts and sends them to the states. States add questions that they have designed or acquired.

Sample selection and screening

1. States obtain samples of telephone numbers from BSB.
2. States review sampling methodology with a state statistician and BSB to make sure data collection procedures are in place to follow the methodology. If any change in sampling methodology is considered, states MUST consult with BSB before making changes.

Monthly data collection

1. States conduct interviews during each month in accordance with a prescribed protocol, and incorporate surveillance results into computer-assisted telephone interviewing (CATI) computer files.
2. States edit and correct completed interviews each month.

Data management and reporting

1. States submit data.
2. BSB weights data annually according to state-specific population estimates provided for each state.
3. BSB produces and distributes yearly, state-specific, standard cross-tabulations of responses and risk-factor prevalence estimates for statewide core and optional module data, nationwide summaries of state-specific risk-factor prevalence estimates, and nationwide summaries of state-specific response rates.
4. BSB and states publish analyses of data.

4. Survey Protocol

The following is the BRFSS survey protocol:

1. All states must ask the core component questions without modification. States may choose to add any, all, or none of the optional modules and state-added questions after the core component.
2. Systematic, unobtrusive electronic monitoring should be a routine and integral part of monthly survey procedures for all interviewers.
3. An eligible household is a housing unit that has a separate entrance, where occupants eat separately from other persons on the property, and that is occupied by its members as their principal or secondary place of residence.

Noneligible households are (1) vacation homes not occupied by household members for more than 30 days per year, (2) group homes, and (3) institutions.

4. Eligible household members include all related adults (aged 18 years or older), unrelated adults, roomers, and domestic workers who consider the household their home, even though they may not be home at the time of the call.

Household members do not include adult family members who are currently living elsewhere.

5. Proxy interviews are not conducted within the BRFSS. Individual respondents are randomly selected from all adults aged 18 years and older living in a household and are interviewed in accordance with BRFSS protocol.
6. An interview is considered complete if data are collected for age, race, and sex. If values on age or race are not entered, imputed values will be generated and used only to assign post-stratification weights.
7. Unless electronic monitoring of interviewers is being routinely conducted, a 5% random sample of each month's interviews must be called back to verify selected responses for quality assurance. (See Verification Callbacks in the Quality Assurance section.)
8. With the exception of verbally abusive respondents, eligible persons who initially refuse to be interviewed will be contacted at least one additional time and given the opportunity to be interviewed. Preferably, this second contact will be made by a supervisor or a different interviewer.
9. Call attempts on all sample pieces should be completed during the calendar month of the sample selection. However, if there are unresolved sample pieces remaining without the required call-backs at the end of the month, calls should continue until each sample piece can be given a final disposition according to the BRFSS disposition rules. If it is repeatedly necessary to make additional calls after the end of the month, steps should be taken to accelerate calling earlier in the month by increasing interviewer hours. (See the Data Collection and Submission Schedule in the Calendar section.)

5. Staff

This section provides information about the following topics:

- [Managing](#)
- [Recruiting](#)
- [Training](#)
- [BSB Role](#)
- [BRFSS Working Group](#)

Managing

Coordinator Responsibilities

The BRFSS coordinator is responsible for the overall administration of the BRFSS Questionnaire and ensuring data integrity through all steps of the BRFSS process. These responsibilities include the following:

1. Management and Staffing:

- Select appropriate staff to perform all necessary roles.
- Monitor performance of in-house staff and contractors.
- Ensure adequate training and retraining for all BRFSS staff.

2. Questionnaire Development:

- Develop or acquire state-added questions and oversee selection of optional modules that meet the needs of the state.

3. Survey Methodology:

- Ensure that survey design and implementation follow BRFSS guidelines and BSB requirements.

4. Data Collection:


- Ensure that telephone interviews are conducted according to protocol.
- Ensure that data are properly edited, corrected, and submitted on time.
- Ensure that quality assurance statistics are monitored and quality assurance procedures are followed.


5. Funding:

- Manage the budget.
- Identify and secure sources of additional funding.

6. Data Analysis, Use, and Promotion:


- Promote the use of BRFSS DATA among Public Health Programs.
- Encourage the use of data for
 - policy development
 - program planning
 - program evaluation
 - priority setting
 - intervention design
 - trend assessment
 - risk group identification

	<p>North Carolina</p> <p>The most important responsibility of a BRFSS coordinator is to find time to devote to the analyses of the data once they are collected, and thus, to get the data used. Research assistants can compile draft versions of fact sheets, but can't do the statistical analyses.</p> <p>Advice: If possible, suggest a mutually beneficial relationship with another program in which the program shares the expertise of an in-house statistician in exchange for access to BRFSS data. For example, a Center for Health Statistics may have enough resources and interest in the BRFSS data to assign the part-time role of "BRFSS Liaison" to one of their statisticians. Another possibility would be to use the services of a statistician funded by a grant. (One statistician working with the Disability Program spends <25% time on BRFSS.)</p> <p>Advice for New Coordinators: Network and share information with other BRFSS Coordinators. The yearly conference is a must and will result in an abundance of useful information.</p>
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	<p>Alabama</p> <p>The most difficult responsibility as a BRFSS coordinator is securing enough funding to support the BRFSS unit each year. Funding received from CDC does not come close to covering the costs of operating the program so each year there is a struggle to find funding to supplement the federal funds.</p> <p>The most important responsibility of a coordinator is to make sure the BRFSS activities meet the needs of the health department in monitoring both the health status of the citizens in the state and the state's overall progress toward the Healthy People 2010 objectives. It is vital that the BRFSS unit collects and provides the data needed by the various programs within the health department.</p> <p>Advice: A coordinator needs to have good management skills as well as analysis skills. Good management skills are necessary to manage and solve annual funding problems and analysis skills, and are necessary to ensure that the BRFSS data are used to the fullest extent.</p>
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In addition to the six responsibilities mentioned earlier, coordinators must perform the following duties:

- Manage BRFSS staff
- Administer the BRFSS survey
- Ensure adherence to protocol
- Select optional modules
- Acquire, test, and secure funding for state-added questions
- Oversee data collection and management
- Oversee staff training
- Ensure respondent confidentiality
- Secure additional funding
- Encourage data use and promotion
- Perform data analysis
- Follow quality assurance procedures

	<p>Coordinators sometimes need to be creative in their staffing. In Colorado, staff roles are flexible and depend upon availability of staff from other areas of the health department. For example, Colorado has the following staff:</p> <ul style="list-style-type: none"> • Two supervisors — one responsible for all the interviewers, called the "Office Manager" and the second, a bilingual supervisor to assist with the Spanish survey • A communications specialist who compiles and publishes a 4-page newsletter containing BRFSS results • Researchers who perform various functions, such as one who was funded through a grant and is handling a small area analysis by county • A researcher who performs the role of CATI manager and statistician, and who runs quality control reports and edits data • Up to 20 interviewers
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Primary Supervisor Responsibility: In-house Data Collection

A supervisor generally assumes responsibility for the day-to-day operations of survey administration. Most states will need more than one supervisor.

The supervisor is generally responsible for sample management. Sample management refers to controlling the release of telephone numbers to interviewers, tracking appointments made to complete the survey, and assigning proper disposition codes to interviews. Usually, the supervisor performs the following duties:

- Retrieval and entry of the sample
- Manual over-riding of the CATI system when necessary
- Rescheduling of missed appointments

The following are additional supervisor duties and responsibilities:

1. Survey Supervision:

- Schedules data collection activities
- Schedules re-calls and appointment calls
- Ensures adherence to prescribed procedures and protocols
- Attempts or assigns refusal conversion
- Makes decisions on unusual responses or coding problems
- Ensures that staff maintain respondent confidentiality
- Performs initial and refresher training for interviewers

2. Quality Assurance:

- Monitors interviews and evaluates interviewer performance
- Performs verification callbacks
- Assesses interviewing statistics
- Evaluates question-response frequencies
- Assesses quality assurance indicators

3. Procedure Adherence:

- Rules of replacement
- Disposition codes and calling rules
- Respondent selection
- Questionnaire administration
- Calling sequence
- Reassigning telephone numbers
- Converting refused interviews to completed interviews

Interviewing: Gathering the Data

Interviewers form the core of the BRFSS staff and are an essential part of survey research. BRFSS interviewers are the only link between the persons being surveyed and the public health officials who use the data. Competent interviewers help insure the integrity of the data.

The interviewer's job is to follow protocol and complete interviews honestly and accurately.

Interviewers must be able to do the following:

- Understand the nature and content of the questions.
- Ensure respondent confidentiality.
- Perform respondent selection procedures.
- Record responses properly.
- Ensure that the correct respondents are interviewed.
- Make quality a priority in all aspects of interviewing. Follow BRFSS protocol.
- Appropriately deal with interview problems.
- Attempt to convert refusals into complete interviews.


Data Processing: Making the Data Usable

All data collected must be properly processed before submission to BSB. A **CATI manager** usually performs this function in addition to keeping the CATI system running. All or parts of the data processing role can be filled by supervisors.

A CATI manager must be able to do the following:

- Set up and program CATI.
- Edit and correct monthly data.
- Submit data to BSB.
- Generate monthly quality assurance reports.
- Generate data reports.

Statistical Support

	<p>Any changes in the sampling design must be made in consultation with BSB.</p>
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- Statistical consultation is strongly recommended throughout the surveillance process, particularly during data analysis.
- BSB staff members are available to provide assistance with both sampling design and the data collection process.
- Health departments should enlist the aid of their own statisticians for analysis of state data. However, BSB may provide some support when staffing is available and warranted.

Recruiting

This subsection provides information about the following topics: recruitment sources, interviewers, supervisors, and CATI managers.


Recruitment Sources

BRFSS staff can be recruited from a variety of sources, such as

- Job placement services in community organizations
- Temporary service agencies
- Local marketing research firms that subcontract
- Health department personnel working for extra pay
- College students
- Retired persons

Interviewers

Interviewing is part-time or temporary work, usually 10 to 30 hours a month, primarily nights and weekends.

	<p>Many Fortune 500 companies conduct telephone interviews to recruit employees who will have contact with customers over the telephone.</p>
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Skills:

- Strong social, interpersonal, and communication skills
- Computer proficiency
- Ability to follow detailed instructions
- Self-motivation
- Good telephone demeanor
- Ability to work well with the public
- Fluency in languages spoken by the target audience (optional)

Aptitude:

Assess the applicant's level of comfort in asking highly sensitive questions to persons over the telephone — for example, questions about sexual behavior. Assess applicant's attitude toward refusals and rejection.

Voice quality rating:

Listen to the applicant's voice on the telephone. Neutral, even tones are the best.

Demeanor:

- Conscientious
- Courteous
- Persistent
- Patient
- Friendly
- Self-confident

Supervisors

Supervisors oversee daily data collection activities and are responsible for ensuring quality interviews and adherence to protocol. Supervisors are usually recruited from among interviewers.

Most states will need the following supervisors:

- One supervisor should be in charge of the overall BRFSS operation.
- A few supervisors should monitor interviews for consistency and accuracy.
- Both a day and a night supervisor are normally necessary.

Skills:

- Strong organizational and managerial skills
- Computer proficiency
- Ability to follow detailed instructions
- Self-motivation
- Good telephone demeanor
- Ability to work well with the public
- Fluency in languages spoken by the target audience (optional)

CATI Managers

CATI managers need to have strong computer and programming skills. Supervisors often fill this role. CATI management is part-time or temporary work that requires more hours at the beginning and at the end of the monthly data collection cycle.

Skills:

- Knowledge of computer networks
- Ability to follow programming logic and formulate queries for reports using CATI software
- Ability to follow BRFSS protocol
- Ability to meet deadlines

Training

The following is a brief overview of interviewer training:

Topic	Discussion Points
Overview	<ul style="list-style-type: none"> • BRFSS background • Elements of a surveillance system • Surveillance procedures • BRFSS roles • Interviewer responsibilities
Questionnaire	<ul style="list-style-type: none"> • Review of survey questions • Pronunciation of medical terms • Disposition codes • CATI training • Respondent selection process • Refusal conversion
Quality Assurance	<ul style="list-style-type: none"> • Quality control procedures • BRFSS protocol
Administration	<ul style="list-style-type: none"> • Work scheduling • Refusals and appointment assignments • Legitimacy verification calls



Ensuring Comfort With Questions

An important issue that should be addressed during training is the interviewers' comfort with the questions. Each year, the interviewers in North Carolina are given a copy of the new questionnaire to take home and read. They are instructed to report any questions that make them uncomfortable.

Reasons for discomfort have included the following:

- **Unfamiliar terms:** For example, questions about "myocardial infarction," and "glycosilated hemoglobin" may be intimidating. When callers respond with "What does that mean?" an interviewer response such as "I don't know; I'm just an interviewer," does not inspire much respondent confidence.

Solution: One of the interviewers in North Carolina is a nurse, and she reviews the questionnaire to define any terms that might be unfamiliar to the other interviewers.

- **Sexual assault questions:** Sometimes respondents believe that the interviewers are trained health department nurses, and they may become emotional describing what happened to them. This response occurs at least a few times each year.

Solution: Prior to the interview, the supervisor contacted the local Rape Crisis Center and collected a list of phone numbers of local centers and hotlines, so that these could be provided when needed.

- **Intimidating question wording:**
1) For example, to elderly respondents, some questions (e.g., those regarding hypertension) seem to be like a test in which their answers are either right or wrong.

Solution: Reassure the respondents that this is not a test and there are no right or wrong answers.


2) Another example is a question about driving while intoxicated. Some respondents are suspicious about how the information will be used (e.g., for prosecution).

Solution: Let the respondents know that the information being collected will remain confidential, and that their behavior is not being judged. The statistics are important for the "social good," or the health of people throughout the state.

Refresher Training

Training interviewers so that the information they collect is accurate is one of the most important duties or components of a coordinator's or supervisor's job. Refresher training for interviewers should be an ongoing process. After initial training, refresher training should occur:

- Yearly for each new questionnaire.
- Monthly for state-added questions that have changed or been added.
- As indicated by the interviewer monitoring or by interviewer statistics.

	<p>Refresher Training, North Carolina</p> <p>In addition to formal training for every new question or module, interviewers in North Carolina are also given informal, on-the-spot training whenever a problem arises.</p> <p>For example, interviewers are presented with a scenario like the following: An interviewer has just been hung up on after listening to some verbal abuse from someone she hoped would be a potential respondent. Should that person be called back by another interviewer attempting to convert a refusal to a completed interview? What's the best way to handle this when it happens again?</p> <p>Making a hands-on example of a real situation — especially one that has just happened — is a great way to provide training for interviewers. In North Carolina, when the above situation occurred, all the interviewers went on "standby" and discussed the situation as a group, according to the BRFSS supervisor there. (If the incident had happened in the evening, she might have opted instead to provide the informal training the first thing the next morning, before everyone logged on to the system). Not only does this on-the-spot training result in procedural consistency, it also allows for the sharing of the group's collective knowledge.</p> <p>The Tables are Turned</p> <p>In one recent case, an interviewer was uncertain how to handle a situation when a respondent began to share his political views after the interview was over. When the interviewers shared this example, the supervisor stopped everyone and gathered them together for a discussion. Her advice was to be courteous but not to give any personal political opinions. Her suggested example response was: "I'll be glad to listen to you, but my job relates just to this questionnaire. I'm not sure I can help you..." [after no more than 5-7 minutes, continue:] "Thank you for sharing your thoughts. I wish I could help. We appreciate your willingness to answer our questions, but now I really have to get back to work." An interviewer should respond in a similar manner if a respondent wants to discuss his or her religious convictions.</p>
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Refresher Training, North Carolina, continued

Group Learning

Refusal conversions are another great opportunity for informal, on-the-spot training. Interviewers can stop and tell the group, "I just got an interesting response to my attempt at a refusal conversion." The interviewer should then explain what happened and ask for advice and feedback from the group about better ways to handle a similar situation in the future. Using this type of group learning in the past, the interviewers in North Carolina have developed their own technique for refusal conversions. They have decided to play up the social conscience angle by saying something like: "Have you ever been watching the evening news, and heard Tom Brokaw or Peter Jennings say something like 'the CDC reports that such and such a number of people do such and such, which is bad for their health?'" (The respondent usually says "Yes.") "Well, this questionnaire and people like you are where they get that information." It works every time.

Handling the Unexpected

It is quite common for respondents to assume that interviewers are trained public health professionals, and will sometimes confide highly sensitive information. For example, when asking questions about sexual assault, interviewers in North Carolina are often faced with respondents who break down in tears. If this response occurs, interviewers have a readily available list of telephone numbers from the state's Rape Crisis Center to provide to the respondent. The Florida coordinator, in fact, created a guide that interviewers can use for such referrals.


Refresher Training, New Mexico

In New Mexico, the topics for the ongoing monthly training depend on needs. Refresher training is done on a monthly basis for all interviewers, and new interviewers get trained in three evenings. (This new hire training happens three to four times a year, when batches of new interviewers are hired at one time.) Monthly refresher training precedes a shift, lasts for about an hour, and is usually attended by seven or eight people who are scheduled to work that shift. Those interviewers who cannot make it to the group training (if they are on other shifts) get one-on-one training from supervisors.



Bias

The topics for the on-going monthly training depend on needs. A recent training session focused on the topic of bias because the supervisor had heard several conversations getting "chatty." For example, if a respondent says that they recently had a leg amputated, it is a natural, human inclination to provide sympathy and commiseration. Likewise, if a respondent says that they just quit smoking, it is a natural, human inclination to provide approval. However, this response by the interviewer introduces an element of bias. Rather than responding with a statement like "Oh, I can't imagine. That must be truly awful," praising them, or sharing a mention of one's own struggle to quit smoking, an interviewer can say something like "thank you...that is very important information." After the interview is over, an interviewer may share personal thoughts, but should simply thank the respondent.

	<p>Refresher Training, Florida</p> <p>In Florida, interviewers found that a high percentage of respondents were contemplating suicide at the time of the call. As a result of this finding, the Florida coordinator developed policies and training to address the issue of respondents in crisis.</p> <p>Respondents in Crisis</p> <p>The Florida coordinator created a policy to properly handle respondents in crisis situations: the interviewer must not hang up without first following procedure to ensure the health and well-being of the respondent on the telephone.</p> <p>Crisis situations include, but are not limited to, suicide attempts, emotional breakdowns when responding to questions (most commonly on topics of domestic violence, child abuse, or rape), and medical crises. All Florida interviewers have a reference book that they can use to refer respondents to local crisis centers, counseling services, help lines, or support groups.</p> <p>The goal of BRFSS on this issue is not to provide counseling or assistance on the telephone, but rather to provide respondents in crisis with the information that they need to see them through the crisis. All states must defer to local policy on this matter.</p>
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BSB Role

State health departments conduct the annual BRFSS surveys with technical and methodologic assistance provided by CDC; therefore, those involved with BRFSS at the state level are encouraged to use the expertise of CDC's BSB staff in matters of training, technical assistance, and data management.

Coordinating with BSB

BSB provides the following support:

- BRFSS administration
- Ci3 CATI programming for Core questions
- Programming for state-based editing
- Telephone samples
- Data collection and sampling methodology

Call your project officer for help with the following:

- Providing annual questionnaire content
- Determining sample design and size
- Obtaining the surveillance sample
- Scheduling data collection activities
- Coordinating data management and analysis
- Training issues
- Developing the cooperative agreement application
- Quality assurance issues

BSB produces and distributes the following to states:

- Yearly state-specific standard cross-tabulations of responses and risk-factor prevalence estimates for statewide core and optional module data
- Nationwide summaries of state-specific risk-factor prevalence estimates
- Nationwide summaries of state-specific response rates

For states with stratified samples, BSB will also provide

- Weights calculated by region
- Programming that can be used to produce standard cross-tabulations and prevalence estimates by stratum

BRFSS Project Officer

The project officer serves as your primary point of contact, and as the liaison between the states and BSB.

The project officer conveys the state's needs, goals, and operations to BSB, and conveys protocols, availability of resources, and long-term goals of BSB to the states.

Your project officer is your first point of contact for the following:

- Guidance on the cooperative agreement application process.
- Coordinating the interchange of information among states.
- Information on sampling design, weighting issues, survey administration, and question development.
- Assistance with data sampling, data collection, and data processing problems. Strategies for data use, analysis, and promotion.
- Recommending approval of states' requests to amend program activities. Proposals to reallocate funds.
- Changes in state coordinator assignments.
- Monitoring of quality assurance indicators.
- Information on standard BRFSS protocols and procedures for data collection and submission.
- Identifying and obtaining funding and other resources for the states.
- Requests for assistance.



BRFSS Working Group

The BRFSS Working Group provides consultation on the surveillance system's maintenance and development. The Working Group is the forum in which states and CDC staff can provide input regarding the survey.

State Representatives

BRFSS participants from five states are selected to serve a two-year term. The terms overlap to provide continuity. The purpose of the representatives is to provide a collective voice for all states.

CDC Representatives

A representative from each division of the National Center for Chronic Disease Prevention and Health Promotion and representatives from other CDC centers and programs with an interest in behavioral risks provide input on data needs in their areas of public health expertise.

BSB Staff

The branch chief, deputy branch chief, and team leaders convene the working group, determine meeting agendas, and provide administrative and staff support. The staff provides support on operational and resource issues in the branch.

BRFSS Working Group Participation

Selection of new working group members usually occurs in March or April of each year. If you are interested in serving on the BRFSS Working Group for a two-year term, please complete the Working Group self-nomination form and return it to BSB. A sample of this form is on the following page. To print the form, click the printer icon in your browser, and print only that page. See the bottom of your screen for the page number.

Serving on the BRFSS working group is an opportunity to contribute your views and ideas and those of your state colleagues to deliberations on questionnaire development and operational issues. The next year will be especially critical because the redesign of the questionnaire for the next ten years will be addressed.

The time commitment consists of the following:

- Attending approximately three meetings each year.
- One meeting is the afternoon before each annual conference, and the other two are for one to two days in both February and August in Atlanta (travel is paid by the CDC).
- Participating in three or four teleconferences each year.
- Occasionally reviewing materials.
- Participating in dialogues with our office and your state counterparts via e-mail.

Previous state representatives have found the experience to be both gratifying and enlightening. If someone other than yourself serves as the project director in your state, please share this opportunity with them. The forms received will be reviewed with the assistance of the current state representatives on the BRFSS Working Group. The new representatives will be notified by the end of March.

6. Questionnaire Development

This section provides information about the following topics:

- [BRFSS Questionnaire](#)
- [Annual Conference](#)
- [Choosing Optional Modules](#)
- [Including State-Added Questions](#)
- [Questionnaire Construction](#)

BRFSS Questionnaire

BRFSS uses a standardized questionnaire with three parts:

1. [Core component](#), asked by all states:
 - Fixed core
 - Rotating core
 - Emerging issues
2. [Optional modules](#), chosen by the states.
3. [State-added questions](#) developed or acquired by the states.



BRFSS Protocol:

All states must ask the core component questions without modification. States may choose to add any, all, or none of the optional modules and state-added questions after asking the core component questions. Deviation from protocol will be addressed by the chief, survey operations, or the branch chief.

Core Component

- Core questions are considered and discussed during the Annual BRFSS Conference. (See more information about the annual conference later in this section.)
- Organizations can submit core questions to be added through the Core Question Proposal System.
- New questions can be proposed for inclusion in the fixed core, the rotating core, or the emerging issues section. More information about question requirements is provided in the [Proposing New Questions](#) area of the Reference Material section.



States that modify the wording or order of core questions will not be included in the annual BRFSS Summary Prevalence Report, *MMWR* Surveillance Summaries, or their corresponding electronic formats.

Core Component: Fixed Core

Fixed core component questions must be asked by all states.

Core Component: Rotating Core

Rotating core component questions are asked every other year.

Core Component: Emerging Issues

There are up to 10 emerging issues questions included within the core component. After one year, these questions are either discontinued or incorporated into the fixed core, rotating core, or optional modules. Emerging core questions typically focus on "late breaking" health issues. They are evaluated each year to determine their potential value in future surveys.

Optional Modules

The Optional Modules section of the Questionnaire comprises modules (standardized questions on various topics) from which a state may select to include as part of their questionnaire. A selected module must be used in its entirety and asked of all eligible respondents. If an optional module is modified in any way (e.g., if a question is omitted), then the questions will be treated as state-added questions. See the [Proposing New Questions](#) section of this guide for information on proposing questions or modules.

State-Added Questions

States are encouraged to gather data on additional topics related to their specific health priorities through the use of state-added questions.

Annual Conference

The BRFSS is further supported by the BRFSS Annual Conference. The purposes of the conference are to improve the BRFSS data collection process and help to develop the BRFSS questionnaire. CDC program staff, state BRFSS coordinators, analysts, data contractors, and BRFSS data users are encouraged to participate. Attendees of the annual conference can


- Share and compare methodologies and research.
- Present and refine techniques for uniform data collection.
- Discuss effective methods of data analysis, application, and dissemination.
- Discuss next year's draft questionnaire, modules, and emerging issues.
- Meet with the state working group representatives.
- Meet with representatives from states, CDC health program areas, and the CDC's Behavioral Surveillance Branch, as well as other data users.

Benefits	Attendees of the annual conference can participate in discussion groups on the development of the questionnaire; receive new information on BRFSS research; attend sessions on problem solving, data collection, and analysis, along with other topics; and participate in training sessions on specific topics.
Location	Atlanta and selected cities.
Cost	TBD-Conference registration fee and any pre-conference training fees will apply.

Request information about the annual conference using the online submission form found at <http://www.cdc.gov/brfss/comment.htm>.

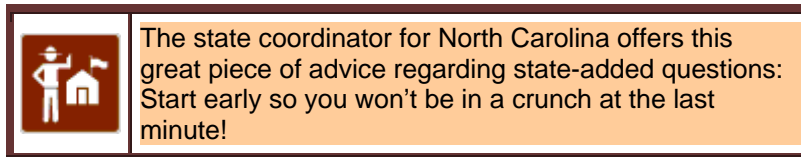
Choosing Optional Modules

- A list of supported optional modules is sent to the states.
- The states must report their optional module selection to BSB by the deadline given for that year.
- Once chosen, optional modules must be used in their entirety and asked of all respondents.
- If the optional modules are modified in any way (for example, if a question is omitted) then they are treated as state-added questions.

	<p>Deciding On Optional Modules: Alabama</p> <p>The Alabama coordinator chooses optional modules based on the priorities of the Alabama health department and the needs of specific state programs.</p> <p>The Alabama Diabetes program is required to collect certain data, so collaboration with BRFSS can supply what they need. Likewise, some CDC-funded programs encourage using the BRFSS to collect data, so these programs allot some of their grant funds to the BRFSS for this purpose.</p> <p>Each year as plans are made for the survey layout for the upcoming year, the BRFSS coordinator distributes a memo to all departments and programs within the health department listing all available optional modules. Program directors are asked to contact the BRFSS if they are interested in using any of these modules to talk about their needs and available funding for data collection.</p> <p>In most cases, the other units within the health department contact the BRFSS to initiate a partnership. They are aware of the BRFSS through word-of-mouth, BRFSS reports, the <i>Healthy People 2010</i> initiative, and CDC.</p>
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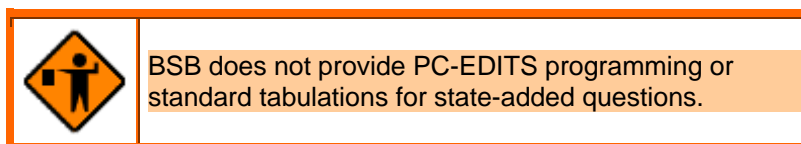
Including State-Added Questions

States are encouraged to gather data on additional topics concerning their specific health priorities by using state-added questions. Questions should be evaluated for reliability, validity, and suitability for use in a telephone survey. Often, pre-tested questions from other surveys are available.




Process

1. Identify health data needs within your state.
2. Develop, identify, or solicit appropriate questions.
3. Be aware of limitations on the number of questions that you can use.
 - Length limitation (long surveys may result in premature call termination)
 - Administrative costs
 - Analysis costs
 - CATI programming costs
4. Proposed state-added questions should be carefully evaluated by using the question appraisal system, pre-testing, or both. Questions from existing instruments that have already been tested can also be used.
5. State-added questions must adhere to the BRFSS question layout and be restricted to the columns reserved for state-added questions. If the state does not follow the BRFSS question layout, BSB will not process the state data.
6. States must notify BSB to discuss the impact of modifications before making any changes to the questionnaire during the year.



Examples

	<p>State-Added Questions, Delaware Example for 2000 questionnaire</p> <p>The state coordinator for Delaware has the policies and procedures online for requesting optional modules or submitting state-added questions.</p> <p>DELAWARE HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH</p> <p>Criteria and Procedures for Addition of Data Items to the Delaware Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>The Delaware Division of Public Health (DPH) receives funds from a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to operate a state-based Behavioral Risk Factor Surveillance System (BRFSS). Surveillance is conducted by the Center for Applied Demography and Survey Research of the University of Delaware, under contract with DPH. As part of the cooperative agreement, CDC requires that a specified core questionnaire be used each year.</p> <p>However, the system has a significant amount of flexibility to meet state needs. CDC annually provides the state with a set of approved modules that can be added to the core questionnaire. If the state uses any of these modules, CDC provides basic analysis and tabulation of the data, as they do for the core questionnaire.</p> <p>Delaware also has the opportunity to add local questions that can provide data to meet our specific needs. Locally-added questions, however, will not be analyzed by CDC. To add local questions, the DPH or the requesting program must provide resources to analyze the data.</p> <p>This document defines the procedures and criteria that were used to determine which questions and/or modules were added to the Delaware BRFSS. To facilitate the process of adding questions to the BRFSS in Delaware, the BRFSS program has established a BRFSS Advisory Committee.</p> <p>Limitations on Added Questions:</p> <p>Time - Research on telephone interview surveillance indicated that there is a time limit beyond which refusal rates increase (and survey quality decreases). Therefore, it was the goal of the Delaware BRFSS to restrict the length of the average interview to 15 or fewer minutes. To accomplish this goal, we strove for an average questionnaire length of about 90 questions, with 100 questions as an absolute maximum.</p> <p>Cost - The DPH agreement with the University of Delaware covered the cost of administering the core questionnaire and approximately one additional module per year (depending on length of the module and skip patterns). Each additional question resulted in additional cost, and programs requesting additional questions had to identify available funding to cover the added costs.</p> <p>Procedures for Requesting Added Data Items (Questions or Modules):</p> <p>Requests for the inclusion of additional data items, whether local questions or CDC-</p>
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supported modules, were reviewed and acted on by the BRFSS coordinator, in consultation with the BRFSS Advisory Committee, the Center for Applied Demography and Survey Research staff, and the Behavioral Surveillance Branch of the CDC. If necessary to determine priorities, the committee and the BRFSS coordinator deferred to the division director for the final recommendation.

Decisions regarding which questions or modules were included in the survey were made by December 1 of the year preceding the survey. Surveillance was done on a calendar year basis.

Requests for additional data items were made to the BRFSS state coordinator during the summer of the year preceding the survey. (See calendar for approximate deadlines.) Late requests were considered only for the division's high-priority issues or for questions relating to timely or emergency issues, and were required to have the approval of the division director.

All requests for added data items were required to contain the following information for review:

1. Reason for the request, with a statement of its relationship to the *Healthy Delaware 2000* objectives.
2. How the data was to be used by the program or agency, and who was to benefit.
3. What other sources were considered for obtaining the data, and the reasons for choosing BRFSS.
4. If the request is not for a CDC-approved module, the number of questions to be asked and a draft of the proposed questions.
5. Amount and source of available funds to cover the request.
6. How frequently would the questions need to be asked (every year, every other year, every five years, and so forth) and justification.
7. Type of additional analysis the requesting program would conduct, and data needed for that analysis.
8. Prior use of the questions. (Had they been used in other states, other surveys? Had they been field tested?)


For locally developed questions, once accepted, the BRFSS coordinator would work with the requester, CDC, and the University of Delaware on question wording, question ordering and pilot testing. Whenever possible, questions were submitted for review to the appropriate center at CDC or to a question lab for cognitive testing. Cost of locally added questions was determined in negotiations with the University of Delaware.

Point-in-time surveys also may be considered if the request is for a large number of questions or a specific target audience and if funds are available.

Criteria for Selecting Modules:

- Was the module or set of questions necessary to provide baseline data or to track progress toward achievement of a *Healthy Delaware 2000* objective?
- How much length (in terms of both the number of questions and the time to ask them) would the questions add to the survey?
- How much would the questions cost? Was funding available to support the addition?

	<ul style="list-style-type: none"> • Were other sources for the data available, or was there a more appropriate resource for collecting it? • What was the feasibility of collecting an adequate sample size for the desired use? • Did the request originate within the Department of Health and Social Services? Would the data received potentially benefit the division and the department? <p>Modules and locally-added questions were appended at the end of the core questionnaire to avoid biasing any responses to the core questions. Core questions take precedence, and no questions could be added that might adversely affect the response or the refusal rates of the survey.</p>
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	<p>State-Added Questions, North Carolina Please note that these dates and costs applied to the example year 1999. Consult your current year's calendar for current deadlines.</p> <p>North Carolina solicits questions by email. The state coordinator for North Carolina offers this great piece of advice regarding state-added questions: Start early so you won't be in a crunch situation at the last minute! An "ideal" schedule for state-added questions would look like this:</p> <p>Late July/early August: The coordinator sends a memo (see the sample on following page) to program managers containing both the draft version of the core questions with optional modules, and the time frame for getting questions added to the questionnaire. For 1999, North Carolina's solicitation included input from three public health divisions: Communicable Diseases, Women and Children's Health, and Community Health, along with input from several public health professionals at the University of North Carolina, Chapel Hill. (See the following memo example.)</p> <p>Early September: Each question costs an average \$600, regardless of the percentage of the population to which the question is asked. Unless grant funding is available to them, the programs usually submit only 2 to 5 questions each. For example, North Carolina was one of the states participating in CDC's disability program; consequently, the states added approximately 35 questions were added about disabilities. Likewise, additional funding from a cardiovascular disease grant allows the state to add approximately 25 questions on CVD.</p> <p>Some questions might be added even if the program can't pay for it. For example, a question about sexual assault, a topic for which the state in question may currently have no data, might be added.</p> <p>Mid-September: A committee of epidemiologists and health department managers select questions based on lack of recent data on the topic and good question design.</p> <p>Early October: Selected questions are submitted to the BSB.</p>
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A sample memo is provided on the following page. This is a sample of the memo that the North Carolina coordinator sends via e-mail to public health program managers to solicit input on optional modules, and to solicit state-added questions.

Sample Memo

Subject: Proposals for (year)* BRFSS questionnaire
Date: month/day/year

CDC's final version of the required portions of the (year) BRFSS questionnaire, along with documents describing questionnaire content, can now be found on the Division of Community Health's electronic Epidemiology Bulletin Board. (If you are unable to access this bulletin board and would like to receive copies of these documents through another means, please feel free to contact me.)

As in past years, North Carolina has the opportunity to include additional questions of state interest in the (year) survey. If you would like to submit proposed questions to be considered for inclusion in the (year) North Carolina BRFSS questionnaire, please submit electronic or hard copies of the attached form (filename) to me by (month/day/year).

The second attachment to this message (filename) contains the text of all optional CDC-developed modules that states may choose to include in their BRFSS questionnaires. If you would like to propose the inclusion of one of these optional modules, please follow the instructions for doing so on the attached proposal form (filename). Optional modules on the following topics are available through CDC: diabetes, sexual behavior, family planning, health care coverage, health care utilization, preventive counseling services, cardiovascular disease, arthritis, folic acid, social context, tobacco use prevention, smokeless tobacco, asthma, skin cancer, fruit and vegetable consumption, exercise, and weight control.

The timeline for developing the (year) NC BRFSS questionnaire is as follows:

(Month/Day):

Draft of proposed questions (with justification, general plans for data analysis and dissemination, and funding availability) due

(Month/Day):

BRFSS Working Group will provide comments back to question proposers

(Month/Day):

Final versions of proposed (year) questions due back to me

(Month/Day):

Final version of (year) NC BRFSS questionnaire due to CDC


As was the case for the (year) questionnaire, we are again asking everyone whose proposed questions are selected for inclusion in the (year) questionnaire to provide \$(cost) per question to help cover the costs of operating the BRFSS system (which are only partly covered by the funds we receive from CDC). We do not want funding availability to be the sole or primary determinant of question inclusion, however. If you would like to propose questions on a topic of significant public health importance for North Carolina, but for which no funds are available to support their inclusion in the BRFSS questionnaire, please complete the question proposal form anyway. We have reserved a small amount of space in the (year) questionnaire for including questions of public health importance for which no supporting funds are available.

Thank you very much for your interest in BRFSS. Please feel free to contact me if you have any questions or would like further information about BRFSS or about the (year) questionnaire.

Signed,

North Carolina Coordinator

*For these instances, insert the date and/or filename information that is appropriate to the memo being sent.

	<p>State-Added Questions, Washington State</p> <p>Please note that these dates applied to the example year only. See your current year's calendar for current timelines.</p> <p>Washington State has a multi-stage process for selecting state-added questions, and requires submitters to perform all testing and secure funding of these additional questions.</p> <p>In Washington State, the BRFSS coordinator solicits state-added questions from a variety of local health organizations. The responsibility of question testing and funding falls on those submitting questions. The Washington State Department of Health (DOH) rotates survey topics (even years, odd years, one-time emerging issues). All submitted questions go through a collaborative, multi-stage selection process before being chosen for the BRFSS survey.</p> <p>June: The Washington State coordinator sends a solicitation letter to DOH programs that have previously submitted questions or have indicated an interest. Additional memos include topic selection criteria, item selection criteria, and a submission form. Examples of these letters and forms are provided on the following pages.</p> <p>August: All questions meeting the criteria are selected for the next review phase.</p> <p>September: Those who submitted questions that meet the criteria gather to scrutinize all questions. Continuing topics and emerging issue topics that pass the judgment of participants move to the next level for approval. Submitters are allowed to revise selected questions as needed. The survey contractor estimates the amount of time that each topic will take.</p> <p>October: The Assessment Operations Group (AOG) of the DOH meets to review topics. The AOG makes final choices of topics to include in next year's questionnaire. Topics and questions are selected based on importance of topic and health department priority. The DOH and the Department of Social Services jointly sponsor the Human Research Review Board. The BRFSS coordinator submits all questions approved by the AOG to the Human Research Review Board. The Board may request changes before it approves the questionnaire.</p> <p>November: The BRFSS coordinator verifies funding for each of the topics approved by the AOG and the Human Research Review Board. All questions are formatted into a final version of the questionnaire and sent to the contractor.</p> <p>December: The contractor tests the questionnaire and the CATI system programming. The contractor confers with the BRFSS coordinator to revise questions and transitions as needed.</p>
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Sample Solicitation Letter

The following is a sample letter used to solicit state-added questions in Washington State.

Washington State Department of Health
Center for Health Statistics
Behavioral Risk Factor Surveillance System

Call for State-Added Questions BRFSS (year)

The Washington State Department of Health, Center for Health Statistics, receives cooperative agreement funds from the Centers for Disease Control and Prevention (CDC) to operate a state-based Behavioral Risk Factor Surveillance System (BRFSS). As part of the cooperative agreement, CDC requires that states use a specified core questionnaire each year. CDC also provides basic data analysis and tabulation. The CDC Core topics for (year) include:

Health Status	Demographics
Health Care Access	Women's Health
Hypertension Awareness	Immunization
Cholesterol Awareness	Colorectal Cancer Screening
Diabetes	Injury Control
Tobacco Use (Smoking)	HIV/AIDS
Alcohol Consumption	Skin Cancer

The system has a significant amount of flexibility to meet state needs. States may add topics from a list of optional modules or design their own topics.

CDC annually provides the state with a set of approved modules that can be added to the core questionnaire. If the state uses any of these modules with no changes, CDC also provides basic analysis and tabulation of the data. The (year) Optional Module Topics include the following:

Arthritis	Health Care Utilization
Asthma	Oral health
Cardiovascular Disease	Preventive Counseling Services
Diabetes	Quality of Life
Exercise	Sexual Behavior
Family Planning	Smokeless Tobacco
Firearms	Social Context
Folic Acid	Tobacco Use Prevention
Fruits and Vegetables	Weight Control
Health Care Coverage	

The system is also flexible enough to provide for needs for specific questions from each state. Washington State's questions can provide data to meet our specific needs. CDC will not provide analysis of state-added questions. To add questions, the Department or requesting program must provide resources to administer the questionnaire, and to collect and analyze the data.

Sample Solicitation Letter, continued

This document describes procedures to be used in determining which questions and/or modules will be added to the Washington State BRFSS in *(year)*. As part of an ongoing four-year plan, the following topics have already been selected for *(year)* as state-added questions. If a program no longer wishes to support a topic, please contact the BRFSS coordinator.

Asthma	Hunger
Breast Cancer Screening: Attitudes	Hypertension and Cholesterol
Breast Self-Exam	Occupation & Industry
Diabetes	Oral Health
Family Planning Prevalence, Utilization, and Access	Radon
Health Care Utilization, Q 2-5	Sexual Behavior
HIV Counseling and Testing in Pregnancy	Smokeless Tobacco
	ZIP Code

Up to five questions have been reserved for issues that have special significance or that represent an emerging public health concern.

Limitations on Adding Questions

Time: Research on telephone interview surveillance indicates that there is a time limit beyond which refusal rates increase. Higher refusal rates make the survey less representative of the state population and decrease its usefulness. Therefore, we plan to restrict the average interview length to less than 20 minutes.

Cost: Gilmore Research Group collects data under a state contract. The CDC cooperative agreement provides enough financial support to fund collecting approximately 1,800 interviews during the calendar year. To meet research needs for information about health risks in relatively small populations, Washington State has increased the sample size to 3,600 interviews per year. This additional capacity means that each program requesting state-added questions must identify funding available to support the cost of additional questions.

Procedures for Requesting State-Added Questions:

Programs that wish to request state-added questions (continuing **or** new proposals) must prepare a "Proposal for State-Added Questions." Please complete all of the sections. If your proposal does not address all the questions, it may fare poorly in the review. Submit the proposal to the Assessment Operations Group (AOG) representative for your division. Please send an information copy of the proposal to the BRFSS Coordinator.

AOG representatives will review the proposals from their own divisions to assure that these proposals reflect the department's priorities. AOG representatives will forward the proposals to the BRFSS coordinator. **The proposals must be submitted by *(month/day/year)*.**

The BRFSS coordinator will review the proposals using the Topic Selection Criteria and Item Selection Criteria.

Sample Solicitation Letter, continued

All programs submitting requests for state-added questions must plan to have a representative attend the BRFSS (*year*) Planning Meeting on (*day, month, date, and time period*), (*place to be determined*). We will review all proposals. We will establish a priority list for new topics to be included based on topic selection criteria and on the timing of the overall questionnaire.

The BRFSS coordinator will assemble the draft questionnaire and submit it to the AOG for review at a meeting early in (*month, year*). The AOG will review and approve the draft questionnaire.

The BRFSS coordinator will submit the approved questionnaire to the Human Research Review Board (HRRB) by (*month, day, year*) for review at its (*month, day*) meeting. The BRFSS coordinator will make any changes requested by HRRB. When the questionnaire receives HRRB approval, the BRFSS coordinator will deliver it to Gilmore Research Group.

Sample Topic Selection Criteria

The following is an example of topic selection criteria for state-added questions in Washington State. States develop their own criteria for the state-added questions.

Washington State Department of Health
Center for Health Statistics
(month, day, year)

Behavioral Risk Factor Surveillance System Selection Criteria for State-Added Modules, (year-year)

1. Does the topic pertain to an important public health issue? (Specify the issue.)
 - Are the BRFSS data on this topic to be used in *Health of Washington State* or in some other Department of Health (DOH) publication?
 - Is the topic an emergent public health issue of clear statewide significance?
 - Is the topic an ongoing public health issue of high priority within DOH?
 - Will the topic provide information in support of a strategic initiative?
2. Will the state-added module be used for behavioral surveillance purposes?
 - Are BRFSS data needed to prepare prevalence estimates of a specified behavior?
 - Must the behavior be monitored annually?
 - Is the required information not readily available elsewhere?
 - Is information from consecutive years needed because of small sample size for the behavior in question?
 - Is information from consecutive years needed to construct sub-state estimates?
 - Is the information needed to provide a benchmark for local health assessment?
3. What are the major program purposes for the state-added module?
 - To evaluate the impact of a specific program?
 - To develop public health intervention programs?
 - To prepare education and health promotion materials?
 - To justify a request for funding (for example, grant applications)?
4. Has the intended use of the module been demonstrated?
 - Has BRFSS data on the proposed topic been used in the past within DOH?
 - Is there a plan for using BRFSS data on the proposed topic in the future?
5. Is BRFSS a suitable means for gathering the information about this topic?
 - Does the information to be gathered pertain to behaviors, perceptions, or attitudes that can and should be obtained via a telephone survey instead of by other data collection methods?
 - Is the population of interest represented by statewide telephone coverage?

Sample Item Selection Criteria

Here is an example of item selection criteria for state-added questions in Washington State.

Washington State Department of Health
Center for Health Statistics
(month, day, year)*

1. What is the source of the item(s)?

- Are the items part of a CDC-designed BRFSS module?
- Are the items from a national survey that has been pretested to meet standard survey design requirements?

2. Have the items been pretested, and do they meet standard survey design requirements?

- Have items been pretested for meaning and interpretation by representative respondents?
- Have items been pretested for clarity of language?
- Have items been pretested for possible contextual effects (for example, placement on the survey relative to other items)?

3. Do the items meet question design standards?

- Do questions use clear language suitable for the general public?
- Are response categories mutually exclusive and unambiguous?
- Is there sufficient background information available for interviewers to refer to if a respondent asks a topic-related question during the interview?

4. Do the items raise any special human subjects review issues?

- Does the item pertain to topics of an especially sensitive nature that would require additional Human Research Review Board consideration? (If so, has adequate time been given for the HRRB review?)
- Is there introductory language to prepare respondents for sensitive issues and assure them of the confidentiality of their answers?
- Do the items pose any ethical problems for the interviewer and for the research administrators (for example, requirement to report incidents of abuse)?

5. What is the response burden created by the items in the proposed module?

- Are items part of an index or a necessary sequence of questions or do they function independently?
- Is there one screening question, followed by a series of questions that are asked of only a portion of respondents? If so, approximately how many?
- Do the items require a lengthy answer or require the respondent to take extra time to formulate his or her answer?

*For these instances, insert the date information that is appropriate to the letter being sent.

Sample Submission Form

The following is an example of the submission form for state-added questions in Washington State.

TOPIC NAME
(year)

**Proposal for State-Added Questions
to the (State)
Behavioral Risk Factor Surveillance System Questionnaire**

1. **Name of module:**
2. **Contact:**
 - Name:**
 - Office:**
 - Mailing Address:**
 - Telephone:**
 - FAX:**
 - Email Address:**
3. **Importance of topic:**
 - Are the BRFSS data on this topic to be used in *Health of Washington State* or in some other Department of Health publication?
 - Is the topic an emergent public health issue of clear statewide significance?
 - Is the topic an ongoing public health issue of high priority within the Department of Health?
 - Will the topic provide information supporting a strategic initiative?
4. **Need to use BRFSS**
 - Are BRFSS data needed to prepare estimates of the prevalence of a specified behavior?
 - Is the required information not readily available elsewhere?
 - Must the behavior be monitored annually? If not, what time period would be appropriate?
 - If behavior must be monitored annually, is information from consecutive years needed
 - To augment small sample size for the behavior in question?
 - To construct sub-state estimates?
 - Is the information needed to provide a benchmark for local health assessment?
5. **Use of the data:**
 - How do you plan to use the data? If the questions have been included in BRFSS before, how have you used the data already collected? Explain in some detail.

Sample Submission Form, continued

6. Financial Support

The Centers for Disease Control and Prevention (CDC) provides support for approximately 50% of the data collection cost. In (year), State-Added questions cost \$510 per question. The cost for (year) could increase to as much as \$600 per question (estimate recommended for planning). The final charge depends on the length of the questionnaire and the amount of CDC support. Please describe the financial support available for the state-added questions you propose.


7. About the Questions:

- What is the original source of the questions? How have they been used before? How have they been validated or tested?
- Who will be asked to complete the module? What proportion of respondents will answer the questions?
- When do you propose to include the module in BRFSS (every year, alternate years, special/emerging issues)?
- What possible difficulties do you foresee in getting respondents to answer the questions (PLEASE ANSWER!)
- Which other BRFSS questions might relate to this topic or benefit from the addition of this module?

- Proposed Questions:** List the questions as they would appear on the questionnaire. Include any restrictions on which persons should be asked the questions, such as age, gender, or answers to other questions. For example, only people who have been told that they have high blood pressure receive further questions about managing high blood pressure.

(Include any introductory or transitional phrases for very sensitive topics. For example, "This introduction was included in [year] for questions on HIV/AIDS:")

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

	State-Added Questions, Maine
	<p>In Maine, the coordinator does the validity and reliability testing, but she requires an up-front payment from the specific program for each state-added question. This charge covers the required analysis, printing costs, and report generation. It also limits frivolous requests.</p>

*For these instances, insert the date information that is appropriate to the letter being sent.

Basics of Question Design

When developing questions, keep the respondent and also the following people in mind:

Public Health Planners

Potential users of data should be involved in question development. Assistance should be sought from other groups who have gathered the same information. Standardized questions should be used if available.

Interviewers

Because interviewers read each question aloud, the questions must sound like normal speech. Questions should be direct and clear, with no jargon or unfamiliar technical terms. Make response categories easy to code.

CATI Managers

To facilitate interpretation and reduce errors, make sure that the response-coding scheme is consistent and based on clear, logical distinctions among possible answers.

Data Analysts and Health Researchers

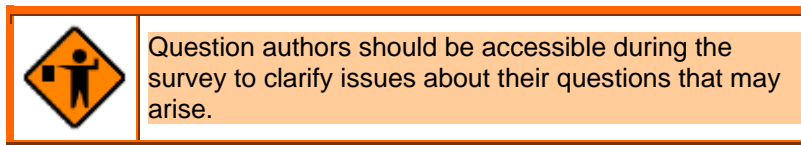
Analysts can provide advice on the kinds of data needed to meet study objectives.

Use of Existing Questions

The cognitive and pretesting requirement can be avoided by using standardized questions that have been developed, field-tested, and administered by others. In addition to these obvious advantages, Standardized questions permit comparisons among studies. One source of standardized questions is the optional modules.

Pretesting

If possible, new or revised state-added questions should be pre-tested at the state level at least once and then subjected to a pilot test prior to use in a survey.



Process:

- Allow two to three days for pretesting.
- First conduct the pretest among your interviewing staff.
- Pretest on at least 200 respondents taken from the local telephone directory. A large sample size provides a better sense of question stability.
- Use paper questionnaires so interviewers can make notes.
- Speak to whomever answers the telephone.
- Tell the respondent that you are conducting a survey test.
- Try to obtain a 50/50 ratio of males to females. For example, if respondents are primarily male, instruct interviewers to ask for females.
- Do not make successive attempts to reach any given number.
- Meet with interviewers to share notes and comments, and to obtain feedback regarding their impressions of the instrument and any suggestions they have to improve it.
- Ask respondents what they think about the issues you are pretesting, if possible. For example, ask the following questions:
 - What did you think about this question?
 - Is the wording of this question clear?
 - Do you think the question on [topic X] should have been asked before the question on [topic Y]?
 - What does [a certain word] mean to you?
 - How did you interpret this question? What did this question mean to you?

During pretesting, be sure to analyze the following:

- **Ordering of Questions in the Survey**

Use two different surveys with different question ordering and analyze the results.

- **Question Wording and Clarity**

Discuss among both the interviewers and the question authors.

- **Question Appropriateness**

Analyze respondent answers and discuss them with the question authors.

- **Skip Patterns and the Adequacy of Response Categories**


Compare respondent answers and discuss them among interviewers and authors.

Questionnaire Construction

Rationale

The following statements form the rationale used in the design of the BRFSS questionnaire:

- The core questionnaire is brief enough to allow the states to add their own questions at the end.
- Questions are designed to yield information about the personal behaviors of respondents rather than those of other household members.
- Questions relate to health behaviors. Non-behavioral question items, such as those about demographic characteristics, knowledge, attitudes, and opinions, should explain, enhance, or otherwise provide more in-depth understanding of health-related behaviors.
- Questions should relate to the leading causes of premature death and disability in the United States.
- The subject matter of the questions is not so sensitive as to seriously distort responses.
- Questions are relevant to the *Healthy People 2010* objectives.
- Questions are chosen based on need for state-specific measurement of questionnaire items.
- Questions are chosen based on need to measure questionnaire items over time.


	<p>The Colorado BRFSS program was given a unique opportunity to test the validity of their questions when Kaiser-Permanente requested that the state health department survey Kaiser patients. The Survey Research Unit in Colorado collected data for Kaiser to analyze. Responses were checked against Kaiser's medical records for verification to measure the validity of the questions.</p>
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Questionnaire Length

States must be judicious when selecting optional modules and state-added questions to keep the questionnaire at a reasonable length.

Although there is no absolute time limit for a telephone interview, lengthy interviews increase the cost of data collection and the risk that respondents will terminate an interview before the last question. Consequently, requests by programs for optional modules or for state-added questions should be carefully considered to avoid a lengthy questionnaire.

Long questionnaires may result in loss of data for questions placed later in the survey, if respondents discontinue before the end.

	<p>Research shows that higher refusal rates make the survey less representative of the state population, thus decreasing its usefulness.</p> <p>In Delaware, the coordinator restricts the length of the average interview to 15 minutes or less.</p>
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Translations

- BSB provides a Spanish version of the core questionnaire and optional modules.
- In many cases, translations into other languages are not feasible or cost effective because of small numbers of respondents.

Production

1. A BRFSS questionnaire draft is provided to the states during development. This is not the final version and should not be used as a survey instrument. Use the draft to choose optional modules and to identify state funding sources based on question topics.
2. States append state-added questions to that document to create a state-specific master in an electronic copy of the document and send it to BSB for reference and documentation.

7. Survey Methodology

This section provides information about the following topics:

- [Data Integrity](#)
- [Sampling Design](#)
- [Sample Size](#)
- [Density Stratum Sampling Ratio](#)
- [Calculating Sampling Ratio](#)
- [Implementing Sampling Ratio](#)
- [Geographic Stratification](#)
- [Sources of Survey Error](#)
- [Data Weighting](#)
- [Terms](#)



States that provide incorrect or incomplete documentation or that changed their data collection method during the year will have their data processed last and may not be included in BSB products or reports.

Data Integrity

Any implementation changes to the survey can have drastic effects on the integrity of the data. What impacts data integrity?

- Change of any aspect of the sampling design during a collection cycle.
- Change of any aspect of the sampling design without first consulting BSB.
- Incomplete or incorrect information provided to BSB about your sampling design.



The extent to which BRFSS data are used in policy and program development (and ultimately the extent to which the BRFSS is funded) depends on data integrity.

Sampling Design

- Sampling design refers to the method used to select respondents to interview. This is also known as *sampling method* or *sampling strategy*.

The method of choosing telephone numbers must be statistically valid. The resulting sample must be a probability sample so that information obtained from the sample can be used to generalize results to the total population in the state as well as to the nation as a whole.



BRFSS Protocol:

Samples used in the BRFSS must be probability samples in which all households with telephones have a known, nonzero chance of inclusion, as stated in item #1 in [Policy Memo 2003.1](#). All samples come from the Telecordia Technologies database and include all numbers in NXX Types 00, 50, 51, 52, and 54 in the sampling frame.

Disproportionate stratified random sampling (DSS)

With DSS, as implemented in the BRFSS beginning in 2003, telephone numbers are drawn from two strata (lists) that are based on the presumed density of known telephone household numbers. In this design, telephone numbers are classified into strata that are either high density (**listed 1+ block** telephone numbers) or medium density (**not listed 1+ block** telephone numbers) to yield residential telephone numbers. Telephone numbers in the high density stratum are sampled at the highest rate. The rate at which each stratum is sampled is called the *sampling rate*. The ratio of the sampling rate of one stratum to sampling rate of a reference stratum is called the *sampling ratio*.

DSS Overview

The DSS design attempts to find a way of differentiating, before sampling begins, between a set of telephone numbers that contains a large proportion of target numbers (the high-density block) and a set that contains a smaller proportion of target numbers (the medium-density block). It is possible to create more than two groups, but for BRFSS, only two groups are used. In this way, sampling telephone numbers is more efficient compared to simple random sampling.

Following are DSS terms and descriptions:

Term	Description
sampling frame	For your state's BRFSS, the set of all active telephone numbers in your state that could possibly be assigned to households. A telephone sample vendor will provide a sampling frame for your state.
stratum	A discrete subdivision of a sampling frame. For example, using information about the geographic location to which a telephone number is assigned, we can assign each unique number to a state or even county (even though some of those assignments might be incorrect). Thus, we can stratify the numbers by state or county.
household density stratum	Refers to the particular stratum (that is, high or medium) that a number is in.
1+ block	A computer generated listing of 100 consecutive telephone numbers containing at least one published household telephone number.
listed 1+ block	All of the listed telephone numbers from the 1+ block of numbers. Also known as high density stratum.
not listed 1+ block	The remaining numbers from the 1+ block of telephone numbers after the listed telephone numbers are removed. Also known as a medium density stratum.
hit rate	Percent of household numbers in a sample, stratum, or block.
target population	In the BRFSS, the target population is telephone numbers assigned to households.
unique identifier	Each telephone number in the sample is assigned a unique identifier.
replicate	A group of 30 telephone numbers that must be called as a unit.

The telephone sample vendor divides the sample of all available numbers into blocks of 100. For example 404-555-1100 and 404-555-1199 are in one block.

All numbers in each block are compared to a published list of all household numbers.

In the DSS sampling design, you call **listed 1+ block** numbers at a higher rate than **not listed 1+ block** numbers.

By doing so, you achieve a high hit rate (compared to simple random sampling) and still achieve a statistically representative sample. During data analysis, because the ratio at which telephone numbers are sampled from each block is known, weighting is used to adjust the data.

About 42% of 1+ block numbers are households.

Implementing DSS

- Calculate the number of **listed 1+** and **not listed 1+ blocks** to dial, determined by the sampling ratio.
- Calculate the number of replicates (30 consecutive telephone numbers) that will need to be released. Initially figure on about four sample records from each replicate. If the number of completes for a month does not exactly match your target for that month, don't make any changes if the difference is small. However, if the difference is dramatic, call the BSB for advice.
- Process the DSS sample based on the procedures for your CATI system.



Changing Your Sampling Design

Consult with BSB before making any changes to their sampling design. Examples of changes are changing geographic strata or altering your sampling ratio. Changing your design without compromising the data requires a sampling statistician.

Sample Size

Sample size refers to the number of telephone numbers that must be called within a given period of time. BSB's goal is to support at least 4,000 interviews per state. Factors influencing sample size include the following:

1. Cost

Cost is usually the main consideration when you determine sample size because collecting and processing survey data is expensive. Although there are variations between sample designs, for a given design, the larger the sample size, the more expensive it is to survey.

2. Number and size of populations for which estimates are desired

The need for obtaining estimates for subpopulations within states — for example racial or ethnic minority groups, or persons aged 65 years or older — must be considered when calculating the sample size. In general, the oversampling of subpopulations will require an increase in the sample size for the whole population.

3. Desired level of confidence in estimates

In general terms, a larger sample increases the statistical precision of the survey data, but also increases cost. A sampling statistician is needed to calculate the best possible precision using the smallest possible sample.

Density Stratum Sampling Ratio

Definition	The relative rates at which telephone numbers in the high-density strata are chosen versus those in the medium density strata.
Purpose	Because calling every single telephone number in the state is not possible, the sampling ratios provide a statistically sound method for choosing phone numbers to call.
Implications	Because high- and medium-density strata have different proportions of residential telephone numbers, they should be sampled at different rates.
Advantages	Using density strata reduces survey administration costs and maintains a statistically valid sample.
Disadvantages	Using density strata requires consultation with a sampling statistician or with BSB to calculate or change the sampling ratio.

Calculating Sampling Ratio

Beginning with data year 2003, a 1.5:1 (**listed 1+ to not listed 1+**) sampling ratio became standard BRFSS policy (see [Policy Memo 2003.1](#)).

- In the absence of cost data, states should use a 1.5:1 sampling ratio.
- The ideal sampling ratio is expressed by the formula:

$$\sqrt{\text{(cost of listed 1+)}} : \sqrt{\text{(cost of not listed 1+)}}$$


- States that want to use a higher ratio must submit a request to BSB documenting justification based on cost of each **listed 1+** and **not listed 1+ block**.
- States are encouraged to develop a method of determining the actual cost of completing interviews in both high and medium density strata.

Implementing Sampling Ratio

For a sampling ratio of 1.5:1, you sample from **listed 1+ block numbers** at 1.5 times the rate that you sample from **not listed 1+ block numbers**. That does not mean that you call 1.5 more numbers from **listed 1+** compared to **not listed 1+ block numbers**.

How many **not listed block numbers** do you call to maintain a 1.5:1 ratio? The key is to consider the total quantity of valid numbers:

Stratum	Ratio	# of valid numbers	Quantity to call
listed	1.5	50,000	750
not listed 1+block	1	100,000	1000



Mathematical Calculation

For example, if a listed 1+ block stratum has 50,000 numbers, from which you sample 750, the sampling rate is $750/50,000=.015$.


Assuming that the corresponding not listed 1+ block stratum has 100,000 numbers, to get a 1.5:1 sampling ratio, you would sample the not listed 1+ block stratum at a rate of $1/100=.01$, which would yield a sample of $0.01 \times 100,000 = 1000$ numbers.

Thus, your sample has 750 listed 1+ block numbers and 1000 not listed 1+ block numbers, but you have sampled from the two strata in a ratio of 1.5:1.

Geographic Stratification

Definition	Instead of randomly selecting all telephone numbers from the state as a whole, telephone numbers are randomly selected by region.
Purpose	To target data collection for a geographically identifiable subpopulation (for example, people in rural areas).
Implications	The more strata there are, the less precise the data will be for the state as a whole.
Advantages	Gives states the opportunity to target some specific subpopulations; increases data accuracy for a small subpopulation.
Disadvantages	Increases administration time and cost for both the state and BSB; decreases the precision of the data for the whole state.

In effect, the data collection structure for each stratum is the same as that for an entire state. For a state with seven strata, the time, cost and effort involved is the same as for seven states, each with one stratum.

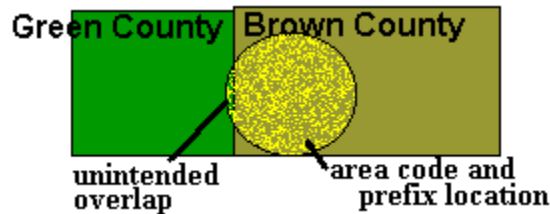


Traditionally, telephone companies assigned numbers geographically. For example, all 404-555-XXXX numbers were assigned to downtown Atlanta, near the Georgia Tech campus. However, now telephone companies are assigning numbers with less geographic distinction, which could affect a state's ability to use geographic stratification. To maintain the integrity of the data, strata must NEVER overlap.

Read **Telephony And Telephone Sampling: The Dynamics of Change** by Linda Piekarski, Gwen Kaplan, & Jessica Prestegaard, which is located at <http://www.worldopinion.com/latenews.taf?f=d&news=3966>.*

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In this example, there is a slight overlap of residents in Green and Brown counties.



Sources of Survey Error

To collect data on health risks, the BRFSS relies on surveillance methods and self-reports that, unfortunately, present opportunities for error. Decrease errors by encouraging interviewers to follow procedures. Interviewer training and supervision are particularly important in reducing or eliminating common sources of data collection error. The most common types of data collection errors and possible solutions are listed in the following table:

Error	Description
Noncoverage Error	<p>Noncoverage error occurs because not all members of the general population are included in the sample. Persons living in nonresidential settings such as hospitals, nursing homes, prisons, military bases, and college dormitories are excluded from the BRFSS survey. Compared with the size of the adult population of the state as a whole, the number of persons within the groups mentioned previously is generally small.</p> <p>Because the BRFSS is a telephone survey, households without telephones are a source of noncoverage error. Telephone coverage is generally high in the United States, so the effect of noncoverage on statewide estimates is normally small. However, for some populations (for example, American Indians, Hispanics, rural African Americans), telephone noncoverage is much higher. This difference means that estimates based on telephone surveys may underestimate risk in these groups. Additionally, an increase in the number of HHS with mobile phones and no land lines has increased noncoverage because mobile telephone numbers are normally excluded from the BRFSS sample.</p> <p>There is no easy solution to the problem of noncoverage error in the BRFSS, although data can be post-stratified to account for households without telephones. Post-stratification assumes that people not interviewed in the age, gender, or race categories used in post-stratification are exactly like the people who are interviewed.</p>
Sampling Error	<p>Sampling errors occur because estimates are based only on a sample of the population rather than on the entire population. This type of error occurs in even the most sophisticated sampling design.</p>
Nonresponse Error	<p>There are two levels of nonresponse:</p> <ul style="list-style-type: none"> • Unit nonresponse occurs when the respondent is not available or refuses to participate in the survey. Some persons may never be located after multiple call attempts; others may be willing but unable to respond because of a language barrier, hearing problem, or other cause. • Item nonresponse occurs when a selected respondent refuses

Error	Description
	<p>to answer, or does not truthfully answer, a specific question. There are three main reasons for item nonresponse:</p> <ul style="list-style-type: none"> ○ The respondent believes that a question is too sensitive. ○ The respondent does not know or cannot recall the answer to a question. ○ The interviewer overlooks a question or neglects to record the answer on the questionnaire.
Measurement Error	<p>Measurement error refers to the degree to which a variable actually measures what it is trying to measure; i.e., a variable's validity. Items that bias responses, thus impacting data integrity, include the following:</p> <p>Wording, format, and order of questions.</p> <p>Characteristics of the respondent, such as socioeconomic background and attitude toward interviews.</p> <p>Interviewer's adherence to wording.</p> <p>Interviewer's tone of voice, interviewing pace, and ability to maintain scientific objectivity when helping to clarify respondents' answers.</p> <p>Mistakes made in editing and coding the data.</p> <p>Measurement errors can be decreased if the questions are phrased properly on the questionnaire, read properly by the interviewer, understood and answered truthfully by the respondent, and checked for errors by CATI managers.</p>

Common Sources of Error

Common sources of error are described in the following table:

Type	Cause	Source
Question wording	Ambiguous or complex wording may be interpreted differently than intended.	Questionnaire
Question order	Respondents may answer the same question differently (especially those asking for opinions) depending on where in the questionnaire it is asked.	Questionnaire
Response-code precision	Possible answers may not have an appropriate response code, or these codes may not be mutually exclusive.	Questionnaire
Length of interview	In a lengthy interview, the respondent may tire and put less thought into responses near the end of the interview.	Questionnaire
Nonresponse error	Respondent refuses to answer the question, or does not answer truthfully.	Respondent
Recall error, or non-response error	The respondent may be unable to recall factual information accurately.	Respondent
Interviewer clarifications to respondent	Lack of thorough training and interviewing experience could cause the interviewer to mislead the respondent on questions that may not be clear.	Interviewer
Coding error	The interviewer may misinterpret the respondent's answer, mark an incorrect response code, or make an inaccurate data entry on the questionnaire.	Interviewer
Sampling error	Random selection process for household members is disregarded; instead, the person who answers the telephone is interviewed.	Interviewer
Poor questionnaire administration	The interviewer may ask a question incorrectly, record an incorrect response, or fail to follow or skip instructions.	Interviewer
Data entry error	The interviewer or CATI manager inadvertently enters the wrong value either during the interview, or during data editing and correcting.	Interviewer Data processor


Data Weighting

The following table explains data weighing:

Definition	Data weighting is an important statistical process that attempts to remove bias in the sample.
Purpose	<ul style="list-style-type: none"> • Corrects for differences in the probability of selection due to nonresponse and noncoverage errors. • Adjusts variables of age, race, and gender between the sample and the entire population. • Allows the generalization of findings to the whole population, not just those who respond to the survey.
Implications	Design factors affect weighting. In the BRFSS, these factors include: <ul style="list-style-type: none"> • Number of residential telephones in household • Number of adults in household • Geographic or density stratification
Advantages	Allows comparability of data.
Disadvantages	Can only be performed when the sampling methodology is carefully controlled.

Additional facts about data weighing include:

- Weighting consists of a lot more than post-stratification.
- Weighting for design factors has more of an effect on final results than does post-stratification.
- Weighting for design factors is also more important than conceptually.
- Weighting affects both the point estimate (bias) and confidence intervals (precision).



Data Weighting Calculation

The computational formula below is intended to reflect all the possible factors that could be taken into account in weighting a state's data. Where a factor does not apply, its value is set to one.

The formula for weighting:

FINALWT = STRWT * 1 OVER IMPNPH * NUMADULT * POSTSTR

The following table explains data weighing variables:

Variable	Description
FINALWT	This is the final weight assigned to each respondent.
STRWT	Accounts for differences in the basic probability of selection among strata (subsets of area code/prefix combinations). It is the inverse of the sampling fraction of each stratum. There is almost never a complete correspondence between strata, which are defined by subsets of area code/prefix combinations, and regions, which are defined by the boundaries of government entities.
IMPDPH	This refers to the number of residential telephone numbers in the respondent's house.
NUMADULT	This is the number of adults in the respondent's household.
POSTSTR	<p>The number of people in an age-by-sex or age-by-race-by-sex category in the population of a region or a state divided by the sum of the products of the preceding weights for the respondents in that same age-by-sex or age-by-race-by-sex category.</p> <p>POSTSTR adjusts for noncoverage and nonresponse and, before 1995, also adjusted for different probabilities of selection by region, where applicable.</p>

Terms

The following are common BRFSS terms and definitions:

Term	Definition
Confidence Level	The confidence intervals for specific statistics (for example, means, regression lines) give us a range of values around the statistic where the "true" (population) statistic can be expected with a given level of certainty to be located. Smaller confidence intervals indicate more precise estimates.
Imputed Values	Estimated values based on other information in the data file.
Outcome Rate	A rate based on all or some of the disposition codes in a survey.
Poststratification	The method used to adjust the distribution of the sample data so that it more accurately reflects the total population of the sampled area. The poststratification factor is calculated by computing the ratio of the age, race, and sex distribution of the state population divided by that of the sample. This factor is then multiplied by the design weight to compute an adjusted, final-weight variable. The weighting adjusts not only for variation in selection and sampling probability but also for demographic characteristics so that projections can be made from the sample to the general population.
Sampling Frame	In the BRFSS, the sampling frame is the set of all active telephone numbers in the United States that could possibly be assigned to households. A telephone sample vendor will provide a sampling frame for your state.

8. Data Collection and Management

This section provides information about the following topics:

- [In-House or Contracted Data Collection](#)
- [Obtaining the Telephone Sample](#)
- [Household and Respondent Selection](#)
- [Disposition Codes](#)
- [Calling Schedule](#)
- [Refusal Conversions](#)
- [Appointment Procedures](#)
- [Confidentiality](#)

In-House or Contracted Data Collection?

In-House

Advantages and Disadvantages

Following are the advantages and disadvantages of in-house data collection:

Advantages	Disadvantages
<ul style="list-style-type: none"> • Less cost • More flexibility 	<p>In-house data collection requires the following:</p> <ul style="list-style-type: none"> • Interviewing, hiring, and managing of personnel • Training and motivation • Monitoring interviewers for performance • Tracking quality assurance indicators • Providing and maintaining facilities and supplies • Managing payroll • Scheduling interviewers

Personnel Needs

The in-house data collection personnel needs are

- Supervisors
- Interviewers
- CATI Manager
- Statistician

Scheduling

States generally follow the suggested BRFSS **Interviewing Schedule**. States should complete all calls for a given survey month within that month. A survey cannot start prior to the first day of the month.

Scheduling Interviewers

Analysis of call history data can yield information on the most productive interviewing schedule. The data suggest that states should

- Conduct 20% of the interviews on weekdays
- Conduct 80% on week nights and weekends
- Accommodate holidays and special events
- Make weekday calls just after the dinner hour
- Make appointment callbacks during nonscheduled hours, generally on weekdays



Read the following, **Findings from the BRFSS Call History Study**, written by Dawn M. Odom and William D. Kalsbeek, Survey Research Unit, Department of Biostatistics, University of North Carolina, NC-Chapel Hill:

"Call history data" relates to the time, day, and interviewer characteristics that affect calling outcome for each call attempt.

Using call history data for more than 100,000 sample telephone numbers selected for monthly BRFSS surveys in 1997, the researchers compiled some useful tips for BRFSS coordinators, supervisors, and interviewers:

- Expect a higher percentage of pick-ups from 11:30 a.m. – 1:00 p.m. and after 2:00 p.m. on Monday-Thursday for first attempts.
- Expect an increased percentage of pickups after the school day ends.
- On Saturdays, there is an increase in the percentage of pick-up rates between 12:30 p.m. and 3:00 p.m. and after 6:00 p.m.
- On Sundays, the percentage of pickups increases after 3:00 p.m., with the best percentage of pickup rates occurring in the evening hours.
- Call patterns are fairly consistent in December.
- Interviewers with longer BRFSS experience overall are more likely to have first-attempt completes and fewer initial refusals.
- First-attempt initial refusals are less likely to occur in calling rooms with various procedures for dealing with nonresponse.
- Factors that increase conversion rates include the following:
 - Larger number of days after the initial refusal: For example, conversion rates more than 10% were seen on day 11, day 13, and day 19.
 - Gender: females seem to have higher conversion rates, but this finding may be caused by experience level.
 - More BRFSS experience for interviewers
 - Calling room conversion procedures: this could include providing interviewers with conversion scripts, designating certain interviewers as converters, and training interviewers about how to deal with refusals.
- Time of day does not seem to influence conversion rates.

To keep interviewers motivated and productive, schedule work breaks every 1.5 hours and allow interviewers to take breaks in small groups, rather than individually.

Contracted

Contracted: Advantages and Disadvantages

Even if data collection is contracted, the coordinator is still responsible for ensuring compliance to BRFSS protocol and for data analysis.

Advantages	Disadvantages
<p>The contractor provides the following:</p> <ul style="list-style-type: none"> • Interviewing, hiring, and managing of personnel • Training and motivation • Monitoring interviewers for performance • Tracking quality assurance indicators • Providing and maintaining facilities and supplies • Managing payroll • Scheduling interviewers 	<ul style="list-style-type: none"> • Increased cost • Contract development, and oversight • Monitoring contractor's data collection • Potential restriction of the state-added questions

Contracted: Personnel Needs

No additional resources are needed for contracted data collection.

Contractor Specification Details

The following are details that need to be considered when preparing contractor specifications:

Awareness of Local Considerations

Before producing the specifications for a contract, become familiar with regulations and procedures in your organization that govern the development of Requests for Proposals (RFPs) and contracts. Contact your contracts office to determine the following information:

- Does an RFP need to be prepared, or can sole source be obtained?
- How long will the process take?
- How much lead time is required?
- Is there an approval process and, if so, what is it?
- Can drafts be reviewed before the approval process is begun?
- Does the dollar amount of the contract make any difference?
- Does the state require certain addressees for or limit in any way the distribution of RFPs (for example, minorities, small businesses, female-owned businesses)?
- Are there a minimum number of bids that must be received? If so, how do you proceed without a minimum number of bids?

- Can you include limitations or exclusions in the RFP (for example, must have prior BRFSS experience, must use computer systems for data collection)?
- Can you include a clause in the RFP that reserves your right to reject proposals or to overlook errors or omissions if it is in the best interest of the state?
- Are there minimum and maximum time periods governing the RFP or the contract?
- Are letters of intent and support required?

In broadening your knowledge of your agency's contract policies, familiarize yourself with the means of receiving, logging in, and further tracking proposals. Have a full understanding of how the proposals may be evaluated and ranked; for example, are there qualifying requirements for evaluation panel members? Are there a minimum number of persons required to be on the evaluation panel? Will the panel's evaluation be based on anything other than what is specifically included in the proposal?

Because of the possibility that many questions may be directed to you or someone on your staff, have prior knowledge of how proposers' questions are to be answered; for example, must they be submitted in writing or will a facsimile be adequate?

Your contract office may not volunteer all of this information, or other important pieces of information, or shortcuts. Double check your information and your plan to proceed with other departments that frequently invoke contracts.

If your agency does not prohibit or already require a cost proposal, you may still find it useful to request that a cost proposal form be completed by each proposal with a bid for each year covered by the RFP. The form should include costs associated with developing the core questionnaire and a specific annual number of interviews, plus the additional costs for each 100 extra interviews (each year) above that number, and a separate bid for the additional cost per extra minute of interviewing (and how many questions that would include) for each year. For a 3-year RFP, you would then have a table of nine cost estimates from which you could then determine the cost for any length questionnaire and any number of interviews. This procedure allows you much greater ease in making cost comparisons among bidders.

Contract Specifications

Typical requests for proposals will include the following components:

Component	Description
Background Statement	<p>The request should explain that [your state] is one of 50 states conducting the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical support from the Centers for Disease Control and Prevention (CDC).</p> <p>The request should also explain that the BRFSS is a state-based telephone surveillance system designed to collect data on individual risk behaviors and preventive health practices that are related to the leading causes of mortality and morbidity in the United States. Information provided by the BRFSS is not available from other sources in the state. In addition, because it is part of a nationwide surveillance system, the BRFSS provides comparisons to other states.</p>
Contract Objective	<p>The purpose of the contract is to provide CDC and the state with machine-readable datasets containing a minimum number of responses to the BRFSS. BRFSS respondents must represent the state's population.</p>
Contract Period	<p>The contract period will vary from state to state, depending on local restrictions and type of contractor (for example, academic or private). The contract period is typically determined by the fiscal or other office charged with awarding the grants and contracts. All new contracts need to conform to previously established policies. In most cases, contract periods will coincide with the BRFSS surveillance period (calendar year, January–December), but some contracts span intervals, such as the fiscal year, that coincide with other work activities. States should establish a mechanism to suspend or rectify contracts in the event of the contractor's unacceptable performance.</p>
Product and Service Requirements	<p>The contractor will perform the activities necessary to fulfill the requirements of the BRFSS. The contractor's proposal will be made part of the contract and will incorporate references. The signed contract will be the controlling document relating to the scope of work provided by the contractor and will specify types and dates for deliverables, which in turn will form the basis for payment to the contractor.</p>

Contractor Requirements

The contractor will meet the following product and service requirements:

Requirement	Tasks
Contract	<ol style="list-style-type: none"> 1. Sign a contract (effective at the start of the calendar year or fiscal year) for one year with an option to renew for four additional one-year periods. Include a statement that the state retains all rights to the completed interviews and datasets and that the contractor will not release any surveillance information or results without prior written approval from the state.
Questionnaire	<ol style="list-style-type: none"> 2. Conduct interviews using the questionnaire provided by CDC for each calendar year. The total number of questions, including state-added questions, will not exceed the number specified in the contract. 3. Develop a process to accommodate annual changes and inclusion of state-added questions. The health department will serve as coordinator for developing state-added questions. Additional payments may be made for costs of extra programming and pretests of new questions. Separate billing will be required for add-on questions; the contractor will be responsible for detailing all costs. 4. Program all questions and response categories in a computer-assisted telephone interviewing (CATI) system by two weeks before the start of the interviewing year.
Sample/ sampling design	<ol style="list-style-type: none"> 5. Complete no fewer than [1/12 of states' sample size] telephone interviews of state residents, aged 18 years or older, per month, for a total of no fewer than the total number of interviews specified in the contract. This is for a 12-month period of January 1 through December 31. The targeted response rate, as calculated by the Council of American Survey Research Organizations (CASRO) method, must not decrease. 6. May propose a random selection procedure that is a probability sample from a sampling frame consisting of all possible state households with telephones, subject to approval by the state and CDC. 7. By a predetermined date, provide a written description of the sample selection method to be used, and describe and justify any proposed variations from CDC specifications.
Interviewing methods	<ol style="list-style-type: none"> 8. Conduct interviews among randomly selected adults aged 18 and older using the questionnaire provided by the state and methodology specified by CDC in the <i>Behavioral Risk Factor Surveillance System Operational and User's Guide</i>. This task includes, but is not limited to, conducting interviews each month in accordance with the scheduling guidelines and protocol provided by CDC, randomly selecting an adult respondent in each household, and providing the monthly raw data to the state in the format and time frame specified. 9. Contact selected telephone numbers for interviewing until

Requirement	Tasks
	<p>the minimum monthly requirement of completed interviews is met and all active sampled numbers have reached final disposition. Call at a variety of times during the day and week to ensure a representative cross section of the population. Calls are to be made during evening, daytime, and weekend hours.</p> <p>10. Dial numbers not answering or busy a minimum of 15 times over 5 calling occasions, including at least one attempt during a weekend, one attempt during a weekday, and one attempt during a weekday evening. Approximately 80% of calls should be made during evenings, with the remaining 20% conducted during weekdays and weekends. Business establishments and residents of institutions and group quarters are not eligible for interview. When the selected respondent in the household is not available for interview at time of initial telephone contact, call back a minimum of three times during the work shift to attempt to interview. Eligible persons initially refusing to participate will be contacted a minimum of one additional time for attempted conversion.</p> <p>11. In addition to English, be prepared to conduct interviews in Spanish, when necessary.</p>
Data management	<p>12. Perform error checking, and validating of entries to provide a single data file each month that is acceptable to both CDC and the state. Code data according to CDC instructions. Edit and correct the resulting data file, including performance of data consistency checks, and electronically submit a standard, reliable dataset for each month's interviewing period within 30 days of completing the interviewing period, according to CDC instructions.</p> <p>13. The data file must contain information about all telephone numbers called, including complete and incomplete interviews. Computer software for detecting and correcting errors will be provided by CDC to assist in cleaning the data. Data must be provided according to coding instructions (to be supplied) in ASCII format and submitted electronically.</p>
Quality assurance and confidentiality	<p>14. Develop and maintain procedures to ensure the respondent's confidentiality.</p> <p>15. Implement procedures for assuring and documenting the quality of the interviewing process and the data management steps. Provide supervision and monitoring of interviewers. Monitoring is to be conducted through the use of unobtrusive, electronic two-way audio and video means. If possible, remote monitoring should be made available.</p> <p>16. Ideally, verify a 5% random sample of completed interviews each month, stratified by interviewer, to validate (1) respondent selection, (2) selected demographic characteristics, (3) selected behaviors, and (4) interviewer manner. On request, provide to the state the actual sample of telephone numbers for cross-checking and verification. If providing ongoing, unobtrusive electronic monitoring, and the cost to verify the sample is prohibitive, you may choose</p>

Requirement	Tasks
	not to require verification.
Training	<p>17. Ensure that interviewers have experience in conducting telephone interviews. Facilitate training of interviewers in the administration of the BRFSS questionnaire; include practice interviews. Ensure that interviewers are briefed on the new questionnaire and have opportunities to conduct practice interviews using the new questionnaire before its implementation each January.</p> <p>Training to conduct BRFSS activities will be determined by the state BRFSS coordinator, who will be overseeing the contractor. The coordinator will assess the contractor's capabilities and determine the type and level of technical assistance and consultation needed. The state BRFSS coordinator can request additional technical assistance from CDC to ensure that procedures and protocols for survey administration are uniformly followed.</p>
Consultation	<p>18. Attend national BRFSS conferences and regional BRFSS meetings, and encourage CDC site visits, as requested and required.</p>
Records/ operational procedures	<p>19. Maintain adequate records to support costs associated with this agreement. Such records shall, at a minimum, include personnel time records signed and approved by supervisory personnel and additional records supporting computer time and equipment rental, telephone lines, supplies, and other costs.</p> <p>20. In the event that a systematic, recurring error is discovered in the sampling or interviewing operations, immediately notify the state of this error, correct the error at no cost to the state, and provide documentation to the state of both the occurrence and the correction.</p> <p>21. If the state finds problems in reviewing datasets, correct these to the state's satisfaction within [specify number] weeks of notification, at no cost to the state. The state may then require the contractor to implement additional data consistency checks.</p>
Subcontracts	<p>22. Assume all responsibility for contractual activities, whether performed directly or by another agency or agencies under subcontract. Serve as the single point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. If any part of this function is to be subcontracted, the contractor's proposal should include a list of subcontractors, including the firm name and address, contact person, complete description of work to be subcontracted, descriptive information about the subcontractor's organizational abilities, and the estimated cost. The state reserves the right to approve subcontractors and to require the contractor to replace subcontractors found to be unacceptable. The contractor is totally responsible for adherence by the subcontractor to all provisions of the contract.</p>

Requirement	Tasks
Deliverables	<p>23. Send project deliverables to the CDC on a monthly basis approximately two weeks after the last day of the interviewing month.</p> <p>24. Be able to provide the state with monthly quality control reports and call histories upon request.</p> <p>25. Provide the state a written report of the surveillance data on a quarterly basis. This report should consist of cross-tabulations of all questions by age, group, and sex (optional).</p> <p>26. Maintain all written reference materials and interviewer instructions. Retain one copy of all deliverables for a period of one year after the end of the calendar year during which interviewing occurred.</p>

Technical Assistance

The technical assistance provided by the CDC to the contractors supporting BRFSS (a cross-sectional telephone survey conducted by state health departments) will be limited to the following activities:

- Programming of the CATI questionnaire (core and optional modules) for Ci3 software.
- Provision of the telephone sample.
- Provision of reformatting and editing programs developed by CDC.
- Editing criteria and data layout.

Restrictions Against Disclosure

The contractor agrees to keep information related to the identity of respondents confidential. Other than the reports submitted to CDC and the state, the contractor agrees not to publish, reproduce, or otherwise divulge such information in whole or in part or in any form, or authorize or permit others to do so. The contractor agrees to immediately notify, in writing, the state's authorized representative if there is reason to suspect a breach of this requirement.

Proposal Content and Format

To demonstrate the applicant's ability to conduct the BRFSS, the proposal should include the following components:

- Cover page. The page should indicate the contractor's name, address, telephone number, taxpayer's identification number, date of submission, authorized official and title, project period, and type of organization. The signature of the official with legal authority to bind the organization into a contractual agreement should also be included.
- Organizational capacity and structure. This section should include a brief history of the organization, focusing on experience relevant to the project. Describe the support staff, computer resources, and any other resources available to the project. Organizational structure should also include the number of available interviewers, foreign language interviewers, and licensed workstations.

- Narrative. In this section, the contractor should describe the products or services that will be provided in response to the requirements delineated previously. The narrative should include the following:
 - A detailed history of telephone interview surveillance experience, specifying experience with the BRFSS or similar health-related surveys, bilingual interviewing, random-digit-dialing, and preparing results in an ASCII file.
 - A history of experience with random-digit-dialing sample technique. A description of the sampling technique that will be used, including a justification for its use as a probability sample in which all households have a known chance of being selected.
 - Evidence of acceptable performance on past surveys as measured by the following quality assurance indicators: CASRO or other response rate (indicate how calculated), refusal rate, refusal conversion, and timeliness of providing data and corrections.
 - A description of the CATI system to be used and the contractor's experience with that system. The CATI system must permit data entry at the time of interview, provide error and range checking, be programmed for skip patterns, and, if possible, manage the telephone sample.
 - A description of procedures used to monitor interviews and verify responses.
 - A description of procedures for training interviewers, including annual plans for briefings on the new questionnaire.
 - Workplan/schedule of activities. This section should describe the specific activities required to implement the proposed services, how these activities relate to project objectives, and the dates that they will be completed. The persons responsible for each task should be specified.
 - Staff. This section should include an organizational chart highlighting the persons or unit(s) responsible for the project. Describe the qualifications and relevant experience of the project supervisor and key interviewing staff. Specify the involvement of the project supervisor and the key interviewing staff in terms of hours/days to be spent on the project. Attach the resumes of the principal investigator, key supervisory staff, and all other persons involved in the project, detailing length of experience in survey projects, experience with telephone surveys, and experience with CATI software.
 - Budget and budget justification. Contractors must submit a detailed budget proposal delineating major categories of cost (in other words, staffing, supplies and materials, travel, and other direct costs). Justification for each budget item must be included. The contractor must also provide a separate calculation for the cost of adding and processing questions to the questionnaire.

Application Process

The actual application and renewal processes observed in any state will be governed by the practices and mandates regularly observed within that state for soliciting bids, reviewing and ranking applications, and making contract awards. However, it is the responsibility of the BRFSS coordinator to be aware of this process and the normal lead and preparatory time frames involved in the process of awarding contracts and to be prepared well in advance. Identifying and becoming acquainted with key persons involved in the state's contracting process, and their responsibilities and contributions to the process, can be very helpful.

Evaluation Process

The state will normally commission a technical review committee to evaluate and score all proposals.

Evaluation Criteria

The following are suggested evaluation criteria that states may use. The point system may be adjusted at the discretion of the state/territory.

Criteria	Points
1. Understanding of the scope of the project	20 points
2. Qualifications and capabilities to execute the project	20 points
3. Demonstration of past experience with similar health surveys	20 points
4. Appropriateness of quality assurance and monitoring procedures, including records of past performance	20 points
5. Technical approach	10 points
6. Competitiveness of cost	10 points

Evaluation Review

Often, the highest ranking proposal will receive the award. In some cases, however, simply the highest technical score or the lowest bid will be awarded. Within the framework of the state's application process, very often a less than optimal candidate will receive the award unless states are very careful, and meticulous attention is devoted to the announcement and evaluation criteria. BSB will review RFPs and participate in application reviews when the state requests, and when possible. However, BSB will not make a recommendation for one contractor over another. The state will make the final determination on such issues.


Obtaining the Telephone Sample

This subsection provides information about the following topics:

- [Telephone sample](#)
- [Telephone Sample format](#)
- [Importing the new telephone sample format](#)

Telephone Sample

BRFSS [Policy Memo 2003.1](#) explains changes in the telephone sample format.

	<p>BRFSS Protocol: Samples used in the BRFSS must be probability samples in which all households with telephones have a known, nonzero chance of inclusion, as stated in item #1 in Policy Memo 2003.1. All samples come from the Telecordia Technologies database and include all numbers in NXX Types 00, 50, 51, 52, and 54 in the sampling frame.</p>
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Samples can either be obtained from the BSB or purchased from a vendor.

Samples acquired from BSB are free, but are delivered quarterly. Thus the numbers called at the end of the quarter may be outdated (disconnected, reassigned, or new numbers). BSB only provides survey sample for the DSS design.

Complete the **Sample Request** form to order a survey sample from the BSB. Forms are distributed September 1, and are due October 1. Be prepared to specify the number of state-added questions and to identify the optional modules you will be using.

- Sample purchased from a private vendor (such as GENESYS) must adhere to both BRFSS Protocol and the format specified in [Policy Memo 2003.1](#).

Telephone Sample Format

Changes were made in the survey sample format for the 2003 data collection year as specified in [Policy Memo 2003.1](#). This format has been required from all vendors beginning with the data year 2005. The purpose for the change is to improve sample management and methodological and substantive analyses.

Importing the Current Telephone Sample Format

Procedures for importing the current survey sample layout into Ci3 CATI are specified in the Implementation of [Policy Memo 2003.1](#).

Some items in the survey sample format will now be included in the monthly data layout submitted to BSB after monthly data collection.

- For states using Ci3 CATI and BSB sample, BSB will provide procedures for importing the BSB telephone sample into Ci3 CATI, and for producing the correct data layout.
- States not using Ci3 CATI must develop procedures for importing the sample into their CATI systems, and for producing the correct data layout as specified in [Policy Memo 2003.1](#).

Household and Respondent Selection

This subsection provides information about the following topics:

- [Household selection](#)
- [Respondent selection](#)

The CATI system randomly selects numbers to be called. However, interviewers must make a determination about whether the telephone number reaches a household, and determine the correct disposition of the call.



BRFSS PROTOCOL specifies that an eligible household is a housing unit that has a separate entrance, where occupants eat separately from other persons on the property, and that is occupied by its members as their principal or secondary place of residence.

Household Selection

Noneligible households include the following:

- Vacation homes not occupied by household members for more than 30 days per year.
- Group homes (sororities and fraternities, halfway houses, shelters, and so forth.)
- Institutions (nursing homes, college dormitories, and so forth.)



Make sure it's a residence!

Random dialing will result in some strange situations. Once, an interviewer from North Carolina reached the "snitch line" for a vice cop. He was adamant that someone was playing a prank on him and demanded to know who gave out the number.

It is important to determine if the telephone is in a residence before beginning the interview. In one state, the phone rang in an elevator, where a man answered and actually completed the interview. However, the interview had to be discarded because the phone was not in a private residence. In another state, an interview conducted with someone answering a pay telephone had to be discarded.

Respondent Selection

The CATI system randomly selects one adult in the household to be interviewed and the appropriate text appears on the screen. The interviewer must make every attempt to interview the respondent selected. Supervisors must make sure that interviewers do not simply interview the person who answers the phone.

Guidelines for selecting adult respondents are as follows:

Respondent is a member of the household	<p>Household members:</p> <ul style="list-style-type: none"> • Include all related adults 18 years old or older, unrelated adults, roomers, and domestic workers who consider the household their home, even though they may not be home at the time of the call. • Do not include adult family members who are currently living elsewhere, such as at college, a military base, a nursing home, a correctional facility, and so forth.
Respondent is 18 years of age and older	<p>The first question on the BRFSS questionnaire regarding household selection asks how many members in the household are 18 years of age or older:</p> <ul style="list-style-type: none"> • If the answer is <i>one</i> and the person answering the telephone is that adult, the interviewer proceeds to the first question on the questionnaire. • If the response indicates that there are five or more adults, the interviewer should probe to ensure that they are all 18 years of age or older, that all are currently living in the household, and that the household is not a group home or institution. <p>The interviewer then asks the person answering the telephone the number of adult male members in the household, then asks the number of adult female members in the household. Once this information is entered into CATI, the system will randomly select a respondent.</p>
How many are men, and how many are women	<p>The next question asks how many of the adults are men and how many are women. The interviewer enters the appropriate answers.</p> <p>If there is only one adult in the household, the interviewer enters "1" and leaves the other box blank.</p>

Disposition Codes

For a complete list of BRFSS call disposition codes with explanations, see [Policy Memo 2001.1](#).

Calling Schedule

If there is no answer at the randomly selected telephone number, the interviewer redials that number up to 15 times within one of the four calling occasions. The calls should be placed in each of the three working schedules (as follows) until the party is reached or until 15 attempts have been made. If the interviewer reaches a nonworking number or a business, calls to that number stop.

Interviewing shifts are also known as *calling occasions*. Interviewing shifts are as follows:

- Weekdays 1:00–5:00 p.m.
- Weeknights 5:00–9:00 p.m.
- Saturdays 10:00 a.m.–2:00 p.m.
- Sundays 1:00–5:00 p.m. and 5:00–9:00 p.m.

You may find some useful information in the article, **Findings from the BRFSS Call History Study**, which is provided in the [Data Collection and Management](#) section of this document.



BRFSS Protocol requires that call attempts on all sample pieces should be completed during the calendar month of the sample selection. However, if there are unresolved sample pieces remaining without the required call-backs at the end of the month, calls should continue until each sample piece can be given a final disposition according to the BRFSS disposition rules. If it is repeatedly necessary to make additional calls after the end of the month, steps should be taken to accelerate calling earlier in the month by increasing interviewer hours.

Refusal Conversions

This subsection provides information about the following topics:

- [Hang ups](#)
- [Tips](#)
- [Techniques](#)



BRFSS protocol specifies that with the exception of verbally abusive respondents, eligible persons who initially refuse to be interviewed will be contacted at least one additional time to give them an opportunity to complete the interview. Preferably, this second contact will be made by a supervisor or by a different interviewer.

Regardless of how well trained and prepared an interviewer is, there will be times when respondents will refuse to complete an interview. Many factors can contribute to a refusal at the time of the initial call, and few have anything to do with the interviewer. The best defense against discouragement is to realize that the refusal is usually an expression of the respondent's own fear or resistance, not a negative judgment of the interviewer's competence.



Role Playing

During training in New Mexico, the staff uses refusal conversion role-playing to train interviewers. According to the supervisor there, new interviewers don't realize that 'I'm sorry, I don't have time right now,' is not a refusal – it's an opportunity for scheduling another interview.

Here are a few things to keep in mind about refusals:

It is very important to document the reason for the initial refusal because this information may help convert a refused interview into a completed interview.

Respondents are sometimes rude and even hostile. Rather than taking this reaction personally, the interviewer should try to address the respondent's objections.

If a respondent seems willing to participate in the interview but is concerned about its legitimacy, empathize and explain the purpose of the survey. If the state has a BRFSS Web site or page, you can also refer them to the Web site address. If that does not work, offer the telephone number of the office and indicate that the respondent can call back during regular working hours to verify the number. The number given should be the central number or the number of someone who serves in a management capacity. When the number is given out, make sure that there is a knowledgeable person available to respond to the inquiry, and alert this person that an inquiry may be made.

When a respondent asks the interviewer to call back some other time, code that attempt as an appointment and try to make a different appointment date and time.



Be certain that interviewers are not reporting possible callback appointments as refusals. Interviewers should not interpret "I don't have time to talk right now" as a refusal, but instead set up an appointment to call the respondent at a more convenient time.

Hang Ups


Interviewers should call back in a few minutes and apologize by saying, "I'm sorry, but somehow we were disconnected, and at this time I would like to continue." Emphasize the importance of the survey and that the interview will take only a few minutes.

Tips

The following tips may be useful for initial refusals and second refusals:

- Use the information reported about the first refused interview to prepare specific responses for the next call.
- Project a confident and reassuring manner while conveying a genuine interest in the respondent. For example, if the respondent is in the middle of cooking dinner, apologize for calling at an inconvenient time and offer to call back later. This will convey the interviewer's willingness to accommodate the respondent and an understanding of the importance of the respondent's time. This attitude could turn a refused interview into a completed interview.
- Do not be afraid to be assertive with hesitant respondents; use all of your powers of persuasion to get the interview. Remember that now is better than later. Research has shown that the highest completion rates occur at the initial contact and decline with each successive call. Unless it is clearly a bad time, the interviewer should always try to convince the respondent to do the interview at that time.
- Use the following statement when calling a respondent who has refused to participate:

"I realize we have already called you from the State Health Department, but I would like to give you a little more information because we want everyone to have a chance to participate. The survey is designed to determine the number of people who are at risk for the leading causes of premature deaths and disabilities, such as cardiovascular disease, cancer, and motor vehicle crashes. The data will be used to improve programs that promote the reduction of these conditions."



A Change in Attitude Makes All The Difference

One very quiet and shy interviewer dropped 20 points from her refusal rate. She explained that she had simply internalized the script and converted it into something she felt comfortable with. (This involved stressing the CDC's role and the use of federal dollars.) She said she decided to change her perspective; whereas she once was afraid of being refused, she began to see it as a game or challenge to convince the person to talk with her. She tries to keep in mind that people are doing the interviewers a favor by answering the questions.


Techniques

Following are some suggested responses to refusals:

Refusal	Response
I'm not interested.	I can understand with all the surveys being taken, but I'm from the State Health Department, not a political group or business. I'm not selling anything. This study is designed to see how the health habits of the residents of our state affect their chances of getting long-term illnesses like cancer, heart disease, or high blood pressure. Your input is important so we can make better decisions in planning health programs. The interview will take only a short time.
Still not interested.	I'm sorry to inconvenience you, but we must give each household an opportunity to participate, and there is a good chance that someone other than yourself is the person I need to interview.
I don't have time/I'm busy/It's not a good time.	I understand. Let's make an appointment for another time. Someone will call you later. [If the same calling occasion is not possible, try to schedule an appointment for as soon as possible. Have the respondent specify a time.]
There is no convenient time to call back.	We will be making calls for the next few days. What day is best for you?
I don't do telephone surveys. Mail it to me.	Unfortunately, we can only conduct this survey over the telephone. The survey will only take a few minutes, and most people find the questions interesting. Let me start, and you can see what they are like. If you do not want to answer a specific question, let me know and I'll proceed to the next question. [Ask the first question immediately.]
I don't like to do surveys. Why don't you call someone else?	The survey will only take a few minutes, and it's very important that we include everyone we call so our results will be scientifically accurate.
I was just interviewed last week. Try someone else.	That sounds like a different survey. This is the State Health Department. This is a survey of health practices and will take

Refusal	Response
	a few minutes. It's very important that we include everyone we call, so we can make better decisions about how tax dollars and programs can be used to benefit our state's residents.
I don't have anything to do with public programs/I get my health care from my private doctor/HMO/military.	All health care providers, public or private, can use the information to improve services and plan better programs.
I just moved to this state; I don't qualify as a resident yet.	If you are now living in this state and you plan to live here, the Department of Health considers you a resident.

Statements such as "call back next week" or "I work odd hours" might be excuses and will probably be repeated at a subsequent call. Try to retain control by establishing an appointment. If the respondent does not provide a specific date and time, explain again the purpose of the survey and the reason it is important to interview the correct respondent. The availability of a toll-free number for the respondent to use in these circumstances can be helpful.



Adapting Scripts

Interviewers in North Carolina have a script that works well for them. Some have adapted it to meet their own needs. Here's an example, emphasizing the 'social conscience' angle, used currently by some of the interviewers: "Have you ever been watching the evening news, and Tom Brokaw or Peter Jennings says 'the CDC reports that such and such a number of people do such and such, which is bad for their health?'" [the respondent usually says yes] "Well, this questionnaire and people like you is where they get that information."

All refusals get a second call after 24 hours, unless they were extremely abusive (cursing, personal attack, and so forth). All interviewers in North Carolina call back respondents who have refused to answer the questionnaire, but not the same person who was refused the first time. Even if a person requests not to be called back, that number will be called if the interview had not progressed to the point that a respondent was selected.

Appointment Procedures

An interviewer should attempt to schedule an appointment if the selected household member is not available at the time of the call or if the selected person does not have time to complete the interview. The interviewer should ask about a convenient time to call back (preferably during the current calling occasion), agree on a specific day and time, and try to get the first name of the person to be interviewed. If the respondent will not provide a time to call, the appointment should be scheduled for the next calling occasion.

If the person who answers the telephone initially says that he or she does not have time at the moment, the interviewer should try to get the person to answer the household information questions so that the selection can be made. The selected person might be home and able to complete the interview, or the interviewer might be able to get a name and a time to call back. If the person absolutely will not take the time to answer any questions at the moment, an appointment should be scheduled for the next calling occasion. The interviewer should note that household contact was established but that no selection was made.

Appointments are recorded through the CATI system. The following information is included:

- Selected respondent
- Person with whom the interviewer spoke
- Date, day of week, and time of appointment
- Reason for callback

If an interviewer calls back at the appointed time and there is no answer or the line is busy, that number must be called at least two more times during that calling occasion. Additional calls are made according to the rules of replacement during subsequent calling occasions until a total of 15 calls are made and a final disposition is recorded.

Confidentiality


This subsection provides information about the following topics:

- [Responsibility](#)
- [Steps to ensure confidentiality](#)
- [Sample confidentiality agreement](#)

Responsibility

Ensuring the confidentiality of all survey respondents is vital to the BRFSS process. It is the responsibility of coordinators and supervisors to ensure that all BRFSS staff, especially interviewers, do the following:

- Respect confidentiality
- Receive training on the importance of confidentiality
- Refrain from discussing details of specific interviews outside the work environment
- Sign the confidentiality agreement
- Assure respondents that their confidentiality is protected

 A red icon of a pair of binoculars inside a white square, which is itself inside a larger red square.	<p>Once, during random dialing in Delaware, the governor was called. He said, "But, I'm the governor—should I be in this sample?" The interviewer responded, "Well, of course! You are a citizen in this state." Naturally, the interview couldn't be included in the sample due to the breach of confidentiality, but the governor became a strong supporter of the BRFSS after that call. He used some of the data when he created his Governor's Council on Lifestyle and Fitness.</p>
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Steps to Ensure Confidentiality

Follow these measures to ensure respondent confidentiality:

- No respondent identifiers are retained in the interview records.
- Respondent data are combined; reports cite only aggregate figures.
- If the interviewer knows the respondent, the interview should be rescheduled as an appointment and reassigned to another interviewer.

Although discussion of respondent information among BRFSS staff is a necessary part of the surveillance process, staff must not discuss details of specific interviews outside the work environment.

Interviewer monitoring does not violate the principle of confidentiality because the monitors are subject to the same confidentiality standards as the rest of the BRFSS staff.

	<p>Example from New Mexico</p> <p>When potential interviewers come to apply for the job, they can see a sign on the door to the calling room that says "Restricted Area." They are allowed to peek in but not enter until they have signed a confidentiality agreement (see the following sample) after being hired. Also, during their initial training, when the program is being explained, confidentiality is stressed. Examples of what is and is not acceptable are presented.</p> <p>Situations that occur when talking to the public can put a burden on interviewers because they aren't allowed to discuss their work outside the office. Interviewers are encouraged to "vent" and debrief with one another during breaks.</p>
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Sample Confidentiality Agreement

Anyone with access to data containing respondent identifiers should sign a confidentiality agreement, such as the following example.

*Survey Research Facility
Address, City, State, Zip Code*

Confidentiality Agreement

_____ provides an essential and valuable community service through the research of public information on a broad range of topics. Our projects often involve sensitive and confidential information from our clients and from our respondents. Truthful and accurate respondent and sponsor information is critical to the accuracy of the survey results and procedures.

As a result, the nature of the information surveyed requires a commitment of confidentiality to protect clients' and respondents' rights to privacy. Frequently, a commitment of confidentiality is a prerequisite to facilitate participation by respondents. Therefore, a commitment of confidentiality to its respondents and survey sponsors is important. Because unauthorized breaches of that confidentiality would violate assurances that are essential to obtaining truthful and accurate information, thereby impinging on our ability to produce accurate and reliable products, unauthorized disclosure of research information would result in a greater harm than benefit to the public interest. As a result, we request that each employee read and sign the following confidentiality agreement as a condition of employment.

I HEREBY AGREE NOT TO RELEASE THE FOLLOWING PRIVILEGED INFORMATION TO ANY PERSONNEL WITHOUT PROPER AUTHORIZATION FROM A DULY AUTHORIZED EMPLOYEE OR AGENT:

1. Information leading to the identification of a survey respondent.
2. Individual survey responses.
3. Unpublished tabulations of survey results.

Signature

Date


9. Quality Assurance

This section provides information about the following topics:

- [Overview](#)
- [Interviewer Monitoring and Feedback](#)
- [Verification Callbacks](#)
- [Interviewer Performance Statistics](#)
- [Data Collection Statistics](#)
- [Data Editing, Correction, and Submission](#)
- [Sources of Error](#)

Overview

Quality assurance is an essential aspect of the job for everyone involved in the BRFSS survey. Ensuring that BRFSS data are collected with scientific rigor and consistency is important not only to provide the most accurate data possible, but also to ensure the integrity of the data. Without adequate quality assurance activities, surveillance data may be less valid than it would be otherwise, and will certainly be less credible. A series of checks and balances exists to help catch quality problems, and coordinators must be vigilant to catch and correct them.

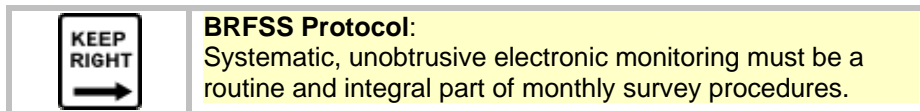
	<p>Quality control in Colorado is systematic. A Colorado BRFSS coordinator created the following system for monitoring data quality:</p> <ul style="list-style-type: none"> • A researcher runs quality control reports and performs data editing every evening. • Monthly reports are generated on each interviewer, showing variables such as the number of calls, number of completed interviews, and so forth. Based on this information, the supervisor might decide to monitor a particular interviewer. • About 10% of all interviews are monitored. • Verification callbacks are not performed. • Reliability studies are conducted on all state-added questions.
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Although the coordinator is ultimately responsible for overall quality assurance, the individual processes are often carried out by a supervisor or a data processor.

Interviewer Monitoring and Feedback

This subsection provides information about the following topics:

- [Purpose](#)
- [Requirements](#)
- [Process](#)
- [State Regulations](#)
- [Sample Interviewer Monitoring Form](#)



Purpose

The purpose of interviewer monitoring is to ensure that the interviewer is not inadvertently introducing bias into the survey by tone of voice, not reading the question as written, or not completing a question.

Monitoring is a valuable tool for ongoing training of interviewers and achieving uniform questionnaire administration. Interviewers should be monitored to ensure adherence to procedure, professional conduct, effectiveness, and to identify areas for improvement. Monitoring is usually done by supervisors.

During training, allow new interviewers to listen to experienced interviewers and monitor new trainees.

It is not advisable for supervisors to enter the conversation for any reason during monitoring.

The use of simultaneous video monitoring is recommended because it allows the supervisor to watch the entries being made while listening to the survey being conducted. The supervisor can observe that the interviewer not only reads each question but also properly enters accurate responses into the computer.

Requirements

Optimal monitoring, as specified by [Policy Memo 98.2](#), requires the following:

- A telephone monitoring system that allows both the interviewer and the respondent to be heard.
- A CATI system that allows viewing an interview in progress on two monitors.
- Unobtrusive monitoring. (The interviewer should not know when monitoring is in progress.)
- Systematic monitoring of interviewers at least once a month.
- Documentation of monitoring, to be shared with the interviewer and used in performance evaluations.

While monitoring, supervisors should

- Ensure that all questions are asked as written and in the correct order.
- Pay close attention to accurate coding of responses.
- Listen for professional attitude and a positive voice.
- Notice how respondents react.

Process

Introduce the concept of monitoring to interviewers in initial training. Stress that listening to interviews is a valuable tool for their continued training and for achieving uniform questionnaire administration. Provide nonjudgmental feedback to interviewers based on monitoring. Following are guidelines for monitoring:

- Monitor during every monthly interviewing period.
- Monitor all interviewers; daily for new interviewers, monthly for experienced interviewers.
- Interviewers should not know when they are being monitored. Otherwise, they may consciously or unconsciously make changes in their interviewing style.
- Monitoring equipment should allow you to hear both the interviewer and the respondent and to observe the interviewer's coding of responses at the same time.
- Monitoring should not be limited to the interview itself. The introduction and callbacks on initial refusals should also be monitored to identify interviewers' weaknesses in persuading respondents to participate.
- Although supervisors usually do the routine monitoring, interviewers may also do some monitoring. They can gain a great deal from listening to other interviewers.
- Observations should be documented and discussed with the interviewers as soon after monitoring as possible. An interviewer monitoring form can be used to evaluate interviewers on verbatim reading, coding accuracy, probing, refusal avoidance and conversions, diction, pace, and courtesy. (A sample of this form is provided on a subsequent page of this section.)
- Results should be filed for use in future performance evaluations.

State Regulations

State regulations govern to what extent parties on the telephone need to be informed that another person is listening. Generally, however, as long as one party (in this case, the interviewer) is aware that monitoring may take place, it is not necessary to inform the interviewer or the respondent at the time an interview is actually being monitored.

Because supervisors are subject to the confidentiality requirements, monitoring is not a breach of confidentiality.

When state law requires that the respondent be notified of possible monitoring of the interview, the following statement should be substituted immediately before Section I of the questionnaire:

The interview may be monitored for quality assurance purposes, but all information obtained in this study will be confidential.

Following is an example of an interviewer monitoring form.

SAMPLE
Interviewer Monitoring Form

Interviewer ID: _____	Date: _____
Monitor: _____	State/Community: _____
Instructions: After one hour, rate each interviewer's characteristics on a scale from 1 (lowest) to 5 (highest).	
Attitude	Low High
Is courteous and polite	• 1 2 3 4 5
Sounds confident	• 1 2 3 4 5
Does not sound bored	• 1 2 3 4 5
Knows pronunciations	• 1 2 3 4 5
Speech is clear	• 1 2 3 4 5
Does not hurry interviewee	• 1 2 3 4 5
Does not sound sarcastic	• 1 2 3 4 5
Sounds interested in responses	• 1 2 3 4 5
Interviewing Techniques	Low High
Attempts to make appointments with appropriate respondents	• 1 2 3 4 5
Executes respondent selection process smoothly	• 1 2 3 4 5
Reads verbatim	• 1 2 3 4 5
Has good interviewing pace	• 1 2 3 4 5
Allows respondent to ramble	• 1 2 3 4 5
Interview flows well	• 1 2 3 4 5
Verifies telephone number	• 1 2 3 4 5
Goes from introduction directly into first questions	• 1 2 3 4 5
Persuades respondent to continue	• 1 2 3 4 5
Follows skip patterns smoothly	• 1 2 3 4 5
Answers respondent's questions	• 1 2 3 4 5
Smooth closing of the interview	• 1 2 3 4 5
Probing	Low High
Probes for more accurate information	• 1 2 3 4 5
Knows when to probe	• 1 2 3 4 5
Uses neutral probes	• 1 2 3 4 5
Uses multiple probes	• 1 2 3 4 5
Encourages responses when respondent seems reluctant	• 1 2 3 4 5
Would you want to be interviewed by this person on this survey?	Yes No
Comments:	

Verification Callbacks

This subsection provides information about the following topics:

- [Purpose](#)
- [Process](#)
- [Verification Callback \(VCB\) records](#)
- [Discrepancy procedures](#)
- [Sample Verification Callback Form](#)

Purpose

The purpose of Verification Callbacks (VCBs) is to ensure that the survey is capturing consistent responses. This is an important quality control procedure that measures the integrity of data collection.

VCBs are usually done by a supervisor or an experienced interviewer. VCB records should be maintained to support and document the scientific rigor under which the survey is conducted. (More detail about VCB records are provided on a subsequent page of this section.)

If interviewer monitoring is not possible, VCBs must be done each month.

Interviewer monitoring and VCBs are separate activities, and neither should be conducted in place of the other. However while conducting VCBs, one may be able to detect a lapse in an interviewer's performance.

If you have reason to suspect the performance of a particular interviewer, undertake an investigation separate from VCBs.

Process

Each VCB requires approximately 10 minutes.

1. Randomly select 5% of all successful interviews for VCB.
2. Use a *Survey Verification Callback* form to document the activity and to maintain consistency in conducting VCBs.
3. Speak only to the person originally interviewed.
4. Ask age and gender to ensure the identity of the respondent.
5. Ask if the original interviewer was polite, professional, and easy to understand.
6. Ask three or four questions to verify the accuracy of the data. Recommended questions include the following:
 - Demographic information for which you can reasonably expect to get a consistent response.
 - Income and weight questions (especially if this was not gathered in the original interview).
 - Sample questions from sections such as smoking, in which the interview can be shortened by falsely recording a '**No**' answer to the first question.

7. Record responses and then thank the respondent.
8. Record responses on the monthly VCB report; keep for reference and use in future performance ratings.
9. Discuss the VCB with the respective interviewer.

Verification Callback (VCB) Records

Monthly records of VCBs should be kept. The BRFSS cooperative agreement renewal instructions specify that the progress report should include "a quantitative account of data collection activities, including quality control measures, and the extent and results of interview monitoring and Verification Callbacks." The purpose is to document both (1) interviewer performance and (2) protocol compliance. VCB records should include the numbers of

- VCBs made
- Items verified
- Discrepancies found

Discrepancy Procedures

Answers that are different in the VCB than in the original interview do not necessarily indicate that the interviewer did a poor job. The respondent may not have understood the question, or may have purposely misled the interviewer.

If recurring or significant discrepancies are found between the original interview and the VCB, a decision must be made on the best course of action to improve interviewer performance.

If minor discrepancies are found (for example, seatbelt is used "sometimes" as opposed to "seldom"), the supervisor will monitor the interviewer and exercise judgment regarding the best course to follow.

If information obtained in the VCB is different than that on the questionnaire:

- DO NOT update BRFSS questionnaire data as a result of the VCB if the responses are different. Document the discrepancy for comparison to VCB responses from other interviewers.
- DO update the questionnaire to include any new demographic information (especially weight or income data) if it was not obtained during the original interview.

For more substantial VCB discrepancies, follow these guidelines:

- If one interviewer produced many errors or significant discrepancies, verify more interviews from that one interviewer.
- If the discrepancies are due to coding errors, all interviews completed by that interviewer must be reviewed with care and handled appropriately. Additional training should be provided to the interviewer, and the interviewer should be monitored closely until the problem is overcome.
- If data have been intentionally falsified, all interviews by that interviewer must be reviewed for authenticity, and determinations must be made regarding whether the interviews are salvageable. Any suspect interviews must be removed from the dataset (but retained as documentation for disciplinary action). No reinterviews are to be done; those data are lost.

Sample Verification Callback Form

Interviewer ID		
Date of Interview		PSU Number
Script As appropriate, circle or write in responses. When these responses are compared to the original interview, in the space provided put a checkmark when the responses are confirmed.		
		Check if Confirmed
Hello. I'm calling from the [state] department of health. Is this [telephone number]?		_____
If no, redial more carefully. If yes, continue.		
One of our interviewers called your home [time frame: earlier today, yesterday, this week, last week, and so forth] and interviewed [respondent ID: oldest male, mother, and so forth]. I'm calling back to confirm that the interview was conducted in an acceptable manner and to verify four questions for quality assurance. Before I continue, please tell me how many members of your household, including yourself [if an adult], are 18 years old or older?		_____
How many of these are adults are male? Number: _____		_____
The interview was conducted with [respondent ID]. May I speak to [that person]?		
If the respondent is not available, set up an appointment to call back. If the respondent is available, greet the respondent when he or she comes to the telephone, identify yourself and your affiliation with the state health department, and continue. If the respondent is the person to whom you are speaking, continue.		
Our records indicate that you recently participated in a health behavior survey for [State of xx]. Our quality control procedures require that we recontact you to verify that the survey was completed in an acceptable manner. Were you interviewed for our survey?		_____
If no, thank the person for their time and terminate the call. If yes, continue.		
This is strictly a follow-up to verify the collected data and to evaluate the interviewer. Your comments will be used to improve the quality of the survey process. I have only seven questions to ask you, which will take only two or three minutes.		

Sample Verification Callback Form, continued

1. Was your interviewer courteous and polite?	Y	N	___
	Y	N	___
	Y	N	___

Finally, I have four questions from the survey itself to verify that your earlier responses were correctly recorded by the interviewer.

	Check if Confirmed
1. How often do you use seatbelts when you drive or ride in a car?	___
Always Nearly always Sometimes Seldom Never Don't know Never drive or ride in a car Refused	
2. Have you smoked at least 100 cigarettes in your entire life?	___
Yes No Don't know Refused	

Sample Verification Callback Form, continued

3. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Yes
No
Don't know
Refused

4. And finally, [ask any missing demographics questions—age, race, income, education, or verify the number of telephone numbers in the household].

Age _____
Weight _____
Race _____
Education _____
Income _____
Telephone numbers _____

That's my last question. Thank you for taking the time to answer these questions. As I stated earlier, the information that you give us will be used to improve the quality of the survey.

Verified by:

Date:

Interviewer Performance Statistics

Interviewer performance statistics should be used as a tool to monitor and improve data collection techniques. Use these statistics to compare the performance of individual interviewers and to compare interviewer performance month-to-month. Both the CATI system and the BRFSS Year-to-Date Quality Control Report can track interviewer performance statistics. Significant changes in interviewer statistics can show deficiencies or improvements in data collection.

The CDC recommends tracking the following statistics, at a minimum:

- Percent of Records With One Adult, Records With Non-Missing Number of Adults
- Percent Missing (77 or 99) Income, Completes
- Percent Female, Completes

If possible, also track

- Question-Response Frequencies
- Number of Dialings per Hour (if resources permit)
- Number of Completed Interviews Obtained on Refusal Callbacks (if applicable)

The following is additional information about these statistics:

Statistic	Additional Information
Percent of Records With One Adult, Records With Non-Missing Number of Adults	One way that interviewers can clarify is to indicate that there is only one adult in the household. That way they can be sure to select the person on the phone as the interviewee. A large percentage of records with one adult may indicate that the interviewer is recording an incorrect number of adults.
Percent Missing (77 or 99) Income, Completes	Income is the most sensitive question on the questionnaire. Some interviewers are hesitant to ask this question or to probe respondents for an answer. A large percentage of missing values may indicate the need for further training. Also, sometimes interviewers will code records as 77 instead of 99. Therefore, an examination of the codes separately can also be useful.
Percent Female, Completes	Women tend to be more willing to complete surveys than do men. A large percentage of completes with women may indicate that the interviewer is not able to persuade more reluctant respondents to complete the interview.
Percent Income Less Than \$10,000, Completes	Some interviewers may be reluctant to probe respondents for a correct income category or to indicate an especially low income. A small percentage of records with income less than \$10,000 may indicate the need for further training.
Percent Age Ending in 5 or 0, Completes	Interviewers sometimes guess or round respondent answers. A large percentage of records with age ending in 5 or 0 may indicate the need for further training.
Percent Age 18-24, Completes	Respondents aged 18–24 years are generally more difficult to interview once reached. A small percentage of completes with respondents aged 18–24 years may indicate that the interviewer is not able to persuade more reluctant

Statistic	Additional Information
	respondents to complete the interview.
Percent Other Race, Hispanics Only	Hispanics tend to give answers to race questions that do not fit the expected categories. A large percentage of Hispanics coded Other race may indicate the need for further training on probing for the race of Hispanics.

Data Collection Statistics

Process

The CATI manager uses the CATI system reports along with the BRFSS Year-to-Date Data Quality Report to produce data collection statistics.

Collect these statistics monthly so problems can be identified and corrected before the next interviewing cycle begins.

Compare these statistics to those of previous months to determine if a change in data collection quality has occurred.

- If the data collection statistics indicate a decline in data quality, review the data collection process to determine the source and provide corrective measures, such as refresher training.

Statistics

The following are data collection statistics produced by the BRFSS Year-to-Date Data Quality Report:

Statistic	Description
Response Rate	Response rates indicate the number of completed interviews compared to an estimate of the number of households in the sample. It is important to calculate response rates because they measure the potential bias in the data. A high response rate indicates low potential bias. The CASRO rate is a response rate.
Survey Efficiency	<p>The survey efficiency for the BRFSS is the percentage of all telephone numbers in the sample that resulted in completed interviews. This indicator is affected by</p> <ul style="list-style-type: none"> • The percentage of sample telephone numbers that are assigned to households. • The degree to which interviewers adhere to surveillance procedures. • The extent to which interviewers gain respondent cooperation. <p>A state's survey efficiency measure should remain constant unless the following occurs:</p> <ul style="list-style-type: none"> • The telephone company changes assignment of telephone numbers in the surveillance area.

Statistic	Description
	<ul style="list-style-type: none"> The sampling design is changed. A drastic change in interviewer performance occurs.
Respondent Sex Distribution	<p>This statistic indicates adherence to respondent selection protocol. Survey samples with a respondent sex distribution that differs substantially from that of the population may produce biased data.</p> <p>Norm = percent female approximately 3-10 percentage points above population value.</p>
Respondent Race Distribution	<p>This statistic indicates adherence to respondent selection protocol. Survey samples with a respondent race distribution that differs substantially from the population may produce biased data. The percentage of non-white in the sample is affected by the protocol states use for coding Hispanics. Memo 97.5 covers this topic.</p>
Respondent Age Distribution	<p>This statistic may indicate adherence to respondent selection protocol. Survey samples with a respondent age distribution that differs substantially from the population may produce biased data.</p>
Item Nonresponse	<p>This calculation is based on the number of responses coded as 'missing' or 'refused.'</p>

Because any survey will have natural variation among sample sites, some variation between states is to be expected. Those states lying in the extremes of this statistic should focus remedial efforts on interviewer training.



Beginning with the 2002 data year, partial completes are coded separately. The 120-Partial Complete disposition is intended to provide a method of allowing a record, with valid responses through at least the demographics section, to be retained with complete interviews, without having to answer the remaining questions in the questionnaire.

For example, if a respondent refuses to continue with the interview after completing the demographics section and additional attempts do not result in a complete interview, this record should be given a final disposition, 120-Partial Complete according to the rules in Policy Memo 2001.1 Version 5 (February 21, 2002) BRFSS Disposition Codes. The remaining questions in the interview after the point of termination should be left blank. There is no longer a need to answer the remaining questions with a refused code to complete the questionnaire.

Prior to the 2002 data year, responses to questions were coded as "refused" to finish an interview that was terminated prior to the end of the Questionnaire. If data were missing for a question because of an inappropriate skip pattern, the "refused" response code would be used to fill the empty field.

Data Editing, Correction, and Submission

This subsection provides information about the following topics:

- [Data editing and correction process](#)
- [Quality control](#)
- [Data submission](#)



Monthly data editing can detect data collection errors early, allowing correction before the next data collection cycle begins. If not caught early, data collection problems can be very costly and time consuming to fix.

Data Editing and Correction Process

The following process is usually performed monthly by the CATI manager at the end of the interviewing cycle:

1. Run collected data through PC-Edits to create an error report.
2. Run the error report using PC-EditFix. Each error is displayed.
3. Correct the response, as necessary. This task may involve consulting the interviewer, or calling the respondent.
4. Repeat the process until all errors are resolved. BSB will not accept a data file with unresolved errors.

Although each state edits its data before submission, a final data edit is run by BSB to assure data quality. If, as a result of this final edit, data questions and problems arise, additional information may be requested from the state.

Although data editing is fundamentally part of the data submission process, it also plays a role in quality assurance. During data editing, unusual responses are flagged by PC-Edits. Significant or recurring errors coded by the same interviewer may indicate a need for interviewer monitoring to identify the problem or for refresher training.

Quality Control

Data editing can indicate problems with data collection procedures such as programming errors, interviewers not following protocol, and problems from poorly worded questions. When data editing is performed monthly, these data collection problems can be identified and promptly corrected.


Data Submission

Submit the data and telephone sample information monthly to BSB. The deadline is 30 days after the end of the data collection month.

Data not submitted by the deadline may not be included in the annual Summary Prevalence Report and may cause delayed production of state tables and risk reports.

[Policy Memo 2003.1](#) specifies that states are required to provide BSB with all telephone numbers selected and used in generation of the sample. This includes numbers that were preidentified as business or nonworking. This means that **all** telephone numbers in the pool of selected telephone numbers are to be included in the data submission file because they are legitimately part of the sample even though they have not been called. All submissions must adhere to the **Data Submission Format** as described in [Policy Memo 2003.1](#).

Sources of Error



Look out for sources of error that are inherent in survey research. Decrease errors by encouraging interviewers to follow procedure. Interviewer training and supervision are particularly important in reducing or eliminating these common sources of error.

Potential Errors in Data Collection and Processing

The following table explains several common errors in data collection and processing:

Type of Error	Description
Interviewer introduced bias	Lack of thorough training and interviewing experience could cause the interviewer to mislead the respondent as to the intent of the question.
Coding error	Interviewer misinterprets respondent's answer, marks an incorrect response code.
Respondent selection error	Interviewer disregards random selection process for household members, instead interviewing the person who answers the telephone.
Unit nonresponse	Chosen respondent not available or respondent refuses to participate in the survey. This is why verification callbacks and refusal conversion are important. Although this error comes from the respondent's unwillingness to answer questions, it relates to the interviewer's skill and patience in influencing respondents to answer as many questions as possible without adversely affecting the tone of the interview.
Item non-response	Interviewer overlooks a question or neglects to record the answer on the questionnaire.
Measurement error	Interviewer does not adhere to the wording of the questionnaire.

Type of Error	Description
Sloppy interviewing technique	Interviewer does not use appropriate tone of voice or pacing, or is unable to maintain scientific objectivity.
Sloppy questionnaire administration	The interviewer may ask a question incorrectly, record an incorrect response, or fail to follow skip instructions.
Data entry error	Not accurately correcting a response during data editing.


BRFSS Protocol:

With the exception of verbally abusive respondents, eligible persons who initially refuse to be interviewed will be contacted at least one additional time and given the opportunity to be interviewed. Preferably, this second contact will be made by a supervisor or a different interviewer.

10. Obtaining Funding

This section provides information about the following topics:

- [Cooperative Agreement Application](#)
- [Funding for State-Added Questions](#)
- [Funding from Partners](#)
- [Funding from Grants](#)

Coordinators are encouraged to seek out and secure funding for their state's BRFSS survey. Funds can come from different sources, including the BSB, the state, and organizations with which partnerships are formed. The main avenues for funding are listed and described in this section. They include:

Cooperative Agreement Application

BRFSS uses the cooperative agreement mechanism to provide funding to states. It is an annually renewable agreement between the state and BRFSS regarding needs, requirements, and funding.

The timeline for the Cooperative Agreement Application is as follows:


- February: the Procurement and Grants Office (PGO) mails application materials to previous award recipients.
- Deadline for returning the application to the PGO will be provided by program.
- June 30: notices of awards will be mailed to recipients. Available funds will be distributed first for a minimum 4,000 completed 100-question interviews in each state.

In addition, states may also request funds for the following:

- A percentage of the project coordinator's time and related costs for project activities in addition to managing data collection.
- Interviews to be completed in addition to the base number.
- Survey questions to be asked in addition to the base-length questionnaire.
- A percentage of an analyst's time and related costs for analyzing collected data.
- Production and distribution of publications reflecting the findings of BRFSS data or BRFSS methodology.
- Upgrading computer-assisted telephone interviewing systems and computer systems for analysis and Internet activities.

Funding for State-Added Questions

Programs requesting the addition of state-added questions are often required to provide funding for the inclusion of their question in the state's BRFSS survey.


	<p>These examples are from 1999, so these exact costs may not apply for the current year.</p> <p>In Arkansas, programs were asked to pay \$0.32 per question per respondent.</p> <p>In North Carolina, each question cost \$800, regardless of the percentage of the population to whom it is administered. If the perceived need was great, some questions may have been added even if the program couldn't pay for it. An example is a question about sexual assault, a topic for which North Carolina had no data.</p>
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Read more about state-added questions and the solicitation process used by several states in the Including State-Added Questions area of the Questionnaire Development section.

Funding from Partners

Coordinators should seek to form partnerships through establishing data users and questionnaire development workgroups to provide BRFSS data to state or local health organizations. Forming a partnership has the following advantages:

- It gives BRFSS and the health department outside exposure.
- It produces additional funding.

	<p>Kaiser-Permanente commissioned the Health Statistics Section of the Colorado Department of Health to survey Kaiser patients. This was simple for the Colorado BRFSS to accomplish because surveying capabilities were already in place.</p> <p>North Carolina, like Colorado, uses its BRFSS equipment and staff to conduct surveys commissioned by community partners. Recently, BRFSS interviewers in North Carolina conducted county-specific surveys sponsored by Cardiovascular Health program within the Division of Public Health. North Carolina receives support from 10 local County Health Departments to provide 400-500 completed interviews per county and some data analysis at a rate of \$5,000 per county.</p>
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Funding from Grants

Other sources of funding include other cooperative agreements, and grants, either from the CDC, from other federal sources, or from nonprofit organizations.

11. Data Use and Promotion


Although BRFSS coordinators often report that promoting BRFSS data is their most challenging task, many consider this one of their most important responsibilities. Using surveillance data, public health professionals can develop programs, influence policy, evaluate programs, and track health trends over time, but the data will not be used unless people are aware that it exists. It is imperative that BRFSS staff form alliances and networks with other health organizations that will use the data. A side benefit of this kind of network is that, when members of these networks see how BRFSS data can help them perform their own jobs better, they are more likely to support the BRFSS and may even provide funding for expanded data collection. In addition to encouraging the use of BRFSS data by health professionals, it is important to do as much as possible to promote it to other audiences. For example, since support and funding for the BRFSS ultimately comes from policymakers who see BRFSS data as useful and beneficial to public health, it is essential to make sure that those policymakers see BRFSS data "in action."

This section provides information about the following topics:

- [Examples from States](#)
- [Data Uses](#)
- [Healthy People 2010 Initiative](#)
- [Data Availability](#)

Examples from States

Many states have found simple and innovative ways of promoting the BRFSS. Several state coordinators create a short brochure or newsletter based on BRFSS findings; some advertise BRFSS data on the Internet; others use the personal touch — networking.

	<p>Data Use and Promotion: North Carolina</p> <p>The North Carolina BRFSS coordinator made sure that local health organizations, as well as epidemiologists and health statisticians, were aware of BRFSS and what BRFSS data could do for them.</p> <p>The coordinator distributed notebooks to relevant programs, as well as to the Public Affairs office. The cover was attention-getting orange, and the document was titled "Health Behaviors and Characteristics of North Carolina Adults: Data Reports from the Behavioral Risk Factor Surveillance System (BRFSS)." The notebook contained:</p> <ol style="list-style-type: none"> 1. A prevalence summary with comparisons to other states. 2. An outline of progress towards <i>Healthy People 2000 Objectives</i>. 3. Demographics data with risk factors for various health outcomes. 4. A brochure explaining the North Carolina BRFSS. <p>The Georgia coordinator said networking is key to spreading the word about BRFSS and ensuring that the data collected are relevant and useful to the health departments.</p>
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Data Uses

The uses for BRFSS data fall into three main categories: Conceptual, Instrumental, and Persuasive. The following table explains these categories:

Category	Definition and Examples
Conceptual	<p>Data are used to increase the understanding of the relationship between health behavior and health status. Following is an example:</p> <p>Prevention of Breast and Cervical Cancer: With the passage of the National Breast and Cervical Cancer Mortality Prevention Act by Congress in 1990, state funds became available for development of breast and cervical cancer control programs. The BRFSS data on mammography and Pap tests provide critical information about baseline cancer-screening levels and a means to monitor the effects of breast and cervical cancer control programs. At the national level, data on mammography and Pap tests have been used to evaluate the impact of breast and cervical cancer control programs in a 12-state federally funded project.</p>
Instrumental and Persuasive	<p>Data are used to influence health program decisions and to support health policy positions. Following is an example:</p> <p>Oregon has a comprehensive tobacco prevention program, and one of the major goals of the program is reduction in tobacco consumption. However, since Oregon has no sales tax, we rely on Oregon's Department of Revenue's tobacco excise tax data to show changes in tobacco consumption. The Department of Revenue, in its effort to get the Oregon legislature to fund more revenue agents, claimed that the 20% drop in consumption of tobacco products since the beginning of the tobacco prevention program was caused by counterfeiting, smuggling, and other illegal activities, and did not reflect a true drop in tobacco consumption in Oregon. This assertion could have resulted in tremendous damage to the tobacco prevention program if not corrected.</p> <p>BRFSS data allowed the program to calculate adults self-reported tobacco consumption, and the results showed an even greater drop than was evidenced by the tax data. The fact that the BRFSS is a scientifically valid survey, while the information offered by the Department of Revenue was merely anecdotal, allowed the program to successfully argue that the drop in tobacco consumption in Oregon was the result of the program's efforts. Without the BRFSS data, future funding of the prevention program would have been jeopardized.</p>

Healthy People 2010 Initiative

BRFSS data are linked to selected *Healthy People 2010* objectives. Assessment of progress toward meeting these objectives is carried out at both the state and the national level.

BRFSS findings can provide policymakers with informed options for making decisions on public health policy. At the state level, the BRFSS findings assist planners in identifying health issues, designing public health intervention strategies, and evaluating their impact.

Data Availability

Approximately six to seven months after the data have been collected for a given calendar year, the CDC makes a public use data file available via the BRFSS Web site at http://www.cdc.gov/brfss/technical_infodata/surveydata.htm. [Policy Memo 98.1](#) covers provisions of state reports.

The data availability policy guideline is as follows:

1. After processing the data, BSB sends the state data file and reports to each state.
2. After all states have received their data, BSB creates an aggregate data file only for internal CDC use.
3. BSB uses aggregate data to produce prevalence tables for selected variables.
4. By July, the data quality report, documentation package, prevalence tables, and final public use data are made available to the general public.

12. Reference Material

This section provides information about the following topics:

- [Online Resources](#)
- [Policy Memos](#)
- [Summary Data Quality Reports and Data Quality Reports](#)
- [Proposing New Questions](#)
- [Glossary](#)
- [Acronyms](#)
- [Statistical Resources](#)

Online Resources

The following are the online resources for BRFSS:

- The BRFSS Web site at: <http://www.cdc.gov/brfss/>
- The BRFSS online overview at: http://www2.cdc.gov/nccdphp/brfss2/training_ov/default.htm

Policy Memos

In recognizing the need to uniformly disseminate policy and procedure guidelines or modifications to all BRFSS projects, the CDC employs a system of numbered memoranda that are issued on an as-needed basis. Each memorandum remains in effect unless superseded by a subsequent one.

For a current list of policy memos, visit http://www.cdc.gov/brfss/technical_infodata/memos.htm. Several of these memos are referenced by this guide. If you wish to refer to these memos while keeping this document open, open a new browser window and cut and paste the above link into the new window.

Summary Data Quality Reports and Data Quality Reports

The Summary Data Quality Report, published annually by the BRFSS, compares data collection statistics for all BRFSS states and territories. Year-to-date data quality reports for each state (provided directly to the state) are updated monthly throughout the year. The Data Quality Report Handbook describes how to use these reports and the standards for identifying data quality problems. Use these reports to identify areas for data collection improvement in your state.

Stem and Leaf Plot

The Stem and Leaf Plot shows the distribution of data collection statistics. This plot shows where your state falls relative to the other states. The digit to the left of the decimal point is the stem. The digit to the right of the decimal point is the leaf.

Use the Stem and Leaf chart in the box to identify your state listed on the left side of the page.

Box Plot

The Box Plot displays data collection information in another way. It organizes Stem and Leaf data into quartiles around the mean. The location of Box Plot indicators corresponds with the Stem and Leaf data on the left side of the box:

Statistic	Indicator
in the interquartile range closest to the mean]
within 2 or 3 interquartile ranges from the mean	0
more than 3 interquartile ranges from the mean	*
Mean	+
Median	*-----*
75 th and 25 th percentile markers	+-----+

The interquartile range is the difference between the 3rd quartile and the 1st quartile ($Q3 - Q1$).

States with values falling above the 3 interquartile ranges (*) should review their data collection procedures and be aware of possible bias in risk factor estimates.

Z-Scores

Z-Scores, available for some statistics, indicate a statistic's distance and direction from the mean. This permits comparison of values from different states. Values outside the range of -2.0 to $+2.0$ are considered extreme. States with values falling outside this range should review their data collection procedures and be aware of possible bias in risk factor estimates.

Proposing New Questions

Organizations within your state may want to propose adding questions to the Fixed Core of a future BRFSS Questionnaire.

Making the Proposal

New questions can be proposed for inclusion in the fixed core, rotating core, emerging issues, or optional modules. When proposing new questions:

1. Make sure questions meet Question Requirements and funding is available to support proposed questions.
2. Submit initial proposal to the BSB before the October deadline.
3. Present rationale for new questions at BRFSS conference.
4. If questions are approved by coordinators and BSB then they go through technical review and cognitive testing. Questions are then modified as needed based on testing results, and are included in the field test.

Funding Requirements

Based on recommendations from the BRFSS Working Group and given current resource constraints, funding will be required for all proposed questions for the emerging core and optional modules.

Emerging and Rotating Core

Divisions or Centers proposing topics for the emerging and rotating core will be required to provide financial support for each question. Decisions about modules to be offered will be based on the following:

- Public health importance of the topic.
- Number of states that have used the module in the previous two years.
- Financial support from the sponsoring program.
- Number of questions in the module.

Questions that are no longer offered as optional modules will be available for use as state-added questions.

Cognitive Testing

As outlined in [Policy Memo 97.1](#), all new or revised questions must undergo formal cognitive testing. The organization proposing the question is responsible for costs associated with cognitive testing separate from financial contributions made for operational support.

Question Requirements

The proposed question must be formatted for the BRFSS questionnaire using the current questionnaire as a model. Each submission also requires a rationale supporting the questions. This rationale should include the following:

1. A statement of funding that will be provided to support BRFSS operations.
2. The origin of the question.
3. History of prior cognitive and validity testing.
4. History of prior use.
5. An analytical plan, in other words, specific prevalence estimates that can be derived from the data.
6. Extent to which the proposed questions satisfy primary and secondary question criteria, as described in the following table:

Criteria	Question Requirements
Primary	<ol style="list-style-type: none"> 1. What is the relationship of the variable to personal behaviors linked to promoting health, preventing disease, and reducing health risks? 2. Is the question suitable for telephone interviewing? 3. What is the pertinence of the variable to <i>Healthy People 2010</i> objectives or priority health issues? 4. What is the need to measure the variable over time? 5. What is the need to have state-specific data? 6. What is the degree to which alternative data sources are unsatisfactory? 7. What is the degree to which the prevalence of the variable will be adequate for planned analyses? 8. What is the relationship of the variable to other questionnaire topics? 9. What is the expected validity of the question?
Secondary	<ol style="list-style-type: none"> 1. Are financial and technical resources available for support of the question? 2. How will the question affect questionnaire length? 3. Will data benefit the states? 4. How widely will the data benefit CDC?

Glossary

Term	Definition
Appointment Call Backs	If a person selected for an interview is not able to talk at that time, the interviewer must make a call back appointment and make every effort to call back at the agreed-upon time.
Call Disposition Codes	Also known as dispositions . Dispositions are the numerical codes interviewers assign to each call. For example: 01=Completed Interview, 02=Refused Interview, 03=Nonworking Number, and so forth.
Calling Occasion	One of the following work shifts when potential survey respondents are called: <ul style="list-style-type: none"> • Weekdays 9:00-5:00 p.m. and 5:00-9:00 p.m. • Saturdays 10:00 a.m.-2:00 p.m. • Sundays 1:00-5:00 p.m. and 5:00-9:00 p.m.
Calling Protocol	The maximum number of call attempts (15) has been made, an interview has completed the interview or been refused, or the pending status of a telephone number or respondent has been otherwise resolved.
CATI	Computer-Assisted Telephone Interviewing systems manage the sample for each interviewer and collect the respondent's data from the interviewer's direct entry into electronic files. Ci3 CATI is the survey software supported by BSB.
Compile	A computer term. When you compile the questionnaire, the Ci3 System puts it in a format that it and Ci3 CATI can use for interviewing.
Confidence Level	The confidence intervals for specific statistics (for example, means or regression lines) provide a range of values around the statistic where the "true" (population) statistic is expected to be located with a given level of certainty.
Disposition	Also known as call disposition codes . Dispositions are the numerical codes interviewers assign to each call. For example: 01=Completed Interview, 02=Refused Interview, 03=Nonworking Number, and so forth.
Disproportionate Stratified Random Sample (DSS)	On the basis of information from previous surveys or telephone listings, blocks of telephone numbers are stratified into groups that are "likely" or "unlikely" to contain residential numbers. Individual members (telephone numbers) in the likely stratum are then sampled at a higher rate than numbers in the unlikely stratum.
Exchange	Telephone terminology; also known as prefix . The first three digits of a telephone number. For the telephone number (555) 636-1234, "636" is the exchange. Exchanges tend to be limited to geographic regions, but do not follow state, county, or city boundaries.
FIPS Codes	The National Bureau of Standards' Federal Information Processing Standards under the provisions of the Brooks Act (PL 89-306) and under Part 6 of Title 15, Code of Federal Regulations. Numeric codes assigned for identification purposes in large data sets to countries,

Term	Definition
	states, and counties.
Household Roster	For each phone number selected, the computer randomly selects whether the respondent must be male or female. Respondent is never stratified by age or sex. Once selection is made, every effort must be made to interview that person. The interviewer cannot interview just anyone in the household.
Imputed Values	Estimated values based on other information in the data file.
Interviewer Monitoring	BRFSS Protocol requires routine, unobtrusive, electronic monitoring as an integral part of monthly survey procedures to ensure interviewers are adhering to procedure. Monitoring is a valuable tool for training and achieving uniform questionnaire administration.
Legitimacy Call-In	In some cases, a respondent wants to verify the legitimacy of the BRFSS call. Interviewers must provide a phone number to persons being interviewed. Legitimacy call-ins may also include complaints. Procedures must be in place to handle Legitimacy call-ins.
Measurement	The process of obtaining the qualitative or quantitative values needed to meet research objectives.
Nonresponse Error	The inability to obtain data for all questionnaire items from persons in the sample population.
Poststratification	<p>The method used to adjust the distribution of the sample data so that it more accurately reflects the total population of the sampled area. Poststratification is also the method used to compensate for sampling error caused when an interviewer does not follow the respondent selection process.</p> <p>The poststratification factor is calculated by computing the ratio of the age, race, and sex distribution of the state population divided by that of the sample. This factor is then multiplied by the raw weight to compute an adjusted, final-weight variable. The weighting adjusts not only for variation in selection and sampling probability but also for demographic characteristics so that projections can be made from the sample to the general population.</p>
Prefix	Telephone terminology; also known as exchange . The first three digits of a telephone number. For the telephone number (555) 636-1234, "636" is the prefix. Prefixes tend to be limited to geographic regions, but do not follow state, county, or city boundaries.
Project Officer	Public health advisors on the CDC's Behavioral Surveillance Branch staff who serve as the primary point of contact to individual states and serve as the liaison between the states and the branch providing general oversight and guidance on all aspects of the project.
Probability Sample	A sample in which each member of the population has a known, nonzero probability of selection.
Raw Data	Collected survey data that has not been processed, analyzed, or weighted.
Region	A subset of data records defined through the assignment of county

Term	Definition
	FIPS codes and treated as a single group in poststratification.
Reliability	A survey instrument is reliable when it consistently provides the same data; a measure of the extent to which observations of a study are repeatable, or produce the same answers. Measurement unreliability may be inherent in the instrument itself (for example, the wording of a question) or come from differences in procedure (for example, the interviewer's tone of voice when asking the question). A question is reliable if it evokes consistent responses. Reliability refers to the degree to which a person will give the same answer to a question if asked twice on different occasions.
Replicate	A replicate is a subsample of 50 telephone numbers. Telephone numbers must be released as a replicate, and the entire replicate must be used.
Rules of Replacement	The rules governing the replacement of telephone numbers used in the sample and the assignment of final disposition codes to interviews.
Sample	A small group selected to represent a larger population.
Sampling Fraction	The number of elements selected in a stratum divided by the number of elements considered for selection in some stage of sampling.
Sampling Frame	In the BRFSS, it is the set of all active telephone numbers in the United States that could possibly be assigned to households. A telephone sample vendor will provide a sampling frame for your state.
Sampling Ratio	In BRFSS, sampling ratio refers to the number of 0 block numbers chosen for calling compared to the number of 1+ block numbers chosen for calling. Although 0 block numbers are less likely to have a household phone number than a 1+ block number, not sampling 0 blocks adequately will cause bias in the sample, and, thus, bias in the data.
Sampling Unit	One of a set of elements considered for selection in some stage of sampling.
Simple Random Sample	A sample in which every member of the surveillance population has an equal chance of being selected to participate in the survey.
Stratified Random Sample	The overall population, in advance, is divided (stratified) into a specified number of subpopulations, for example, age groups, or strata. Separate random samples are then selected from within each stratum, and overall estimates are based on combined data across all strata.
Stratum	A subset of sampling units defined through the assignment of telephone prefixes and treated as a single group in the selection of a sample. A non-overlapping subset of a population. Strata must never overlap in the sampling design.
Stratum Code	A code assigned to each stratum to differentiate it from other strata.
SUDAAN	A statistical package designed to process data from complex sample designs. SUDAAN is the standard for BSB analyses. For more information, see the SUDAAN entry in the Statistical Resources area of

Term	Definition
	the Reference Material section.
Suffix	The last four digits of a telephone number. For example, in the telephone number (555) 999-1234, the suffix is 1234.
Validity	The degree to which survey questions actually measure what they intend to measure. Professional and policy use of BRFSS data depend in large part on the validity of the data. The validity of many BRFSS questions has been assessed by comparing results among surveys that ask similar questions of comparable populations. Estimates derived from the BRFSS compare favorably with those derived from in-person or observational surveys. For some questions, comparisons with medical records have been done to assess validity. Based on the response rates achieved by most BRFSS projects, the potential for bias because of selected respondents refusing to be interviewed is low.
Weighting	Data weighting is an important statistical process that reduces bias in the sample. In the BRFSS, weighting corrects for differences in the probability of selection due to nonresponse and noncoverage errors, adjusts variables of age, race, and sex between the sample and the entire population, and allows the generalization of findings to the whole population, not just those who respond to the survey.

Acronyms

Acronym	Definition
1/NPH	The number 1 divided by the number of telephones
ASA	American Statistical Association
BRFSS	Behavioral Risk Factor Surveillance System
BSB	CDC's Behavioral Surveillance Branch in the Division of Adult and Community Health (DACH)
CATI	Computer-assisted telephone interviewing
CDC	Centers for Disease Control and Prevention (formerly the National Communicable Disease Center, then the Centers for Disease Control until 1992)
DACH	CDC's Division of Adult and Community Health in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
DENWT	Density weight
DSS	Disproportionate stratified sample
FINALWT	Final weight
FIPS	Federal Information Processing System
GEOWT	Geographic weight
MMWR	Morbidity and Mortality Weekly Report
NCCDPHP	CDC's National Center for Chronic Disease Prevention and Health Promotion
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
POSTSTRAT	Poststratification weight
SSRM	Section on Survey Research Methods (of the ASA)

Statistical Resources

This subsection provides information about the following topics:

- [Statistical Sampling](#)
- [Statistical Analysis](#)
- [SAS](#)
- [SPSS](#)
- [SUDAAN](#)
- [EPI Info](#)

Statistical Sampling

Stuart, Alan. *The Ideas of Sampling*, Macmillan, New York: 1984.
This book explains essential concepts with small numerical illustrations.

Levy, Paul S. and Stanley Lemeshow. *Sampling of Populations*. Third Edition. Wiley, New York: 1999. This elementary to intermediate text contains a chapter on telephone sampling by R. J. Casady and J. M. Lepkowski.

Statistical Analysis

Web Directory of Statistical Analyses: www.statpages.net. * More than 300 Web pages compose a large, free multiplatform statistical software package. There are also links to online statistics books, tutorials, downloadable software, and related resources.

Korn, Edward L. and Grawbard, Barry I. *Analysis of Health Surveys*, John Wiley & Sons, Inc., New York: 1999.

Internet Glossary of Statistical Terms at <http://www.animatedsoftware.com/statglos/statglos.htm>. * These glossary entries have been prepared to accompany a computer tutorial based on the book "Statistics Explained" by Professor Howard S. Hoffman, originally published in 1985 by University Press of America (Library of Congress Catalog number ISBN 0-8191-4894-6).

SAS

Telephone: 919-677-8000

Fax: 919-677-8123

Internet address: <http://www.sas.com> *

* URLs of non-Federal organizations are provided solely as a service to our users. This link does not constitute an endorsement of this organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

SPSS

Telephone: 800-543-2185

Internet address: <http://www.spss.com> *

SUDAAN

Telephone: 919-541-6602

Fax: 919-541-7431

Internet address: <http://www.rti.org/sudaan/index.cfm> *

EPI INFO

Epi Info hotline for technical support: (770) 488-8440. *Support is limited to 30 minutes per call.*

Fax: (770) 488-8440

E-mail: epiinfo@cdc.gov

Internet address: <http://www.cdc.gov/epiinfo/Epi6/ei6faq.htm>

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Behavioral Risk Factor Surveillance System

2012 Cell Phone Operational Protocol

Version 2.0

November 15, 2011

Table of Contents

I.	Introduction and Background	3
II.	Summary of New Items in the Protocols	4
III.	Sample Design	5
IV.	Questionnaire	5
V.	Cell Phone/Landline Screening Procedure	6
	The Cell Phone Screener Instrument	6
	Landline Phone Use Questions	10
VI.	Data Collection	10
	Target Number of Completed Interviews	10
	Survey Data Collection Time Period	10
	Calling Requirements, Hours and Number of Call Attempts	11
	Caller ID, Call Answering and Ring Tones	11
	Voicemail Messages and Toll Free Telephone Numbers	12
	Out-of-State Numbers	12
	Respondent Safety and Location	12
	Identifying Business-Only Cell Phone Numbers	13
	Identifying Child/Teen Cell Phones.....	13
	Refusal Conversion.....	13
VII.	Quality Control	14
	Data Collection	14
	Call Attempt Outcome Codes	14
VIII.	Data Submission	14
	Data Delivery Procedures	15
VIII.	Weighting and Estimation.....	15
	Appendix A: Cell Phone Questionnaire.....	16
	Appendix B: Interim and Final Disposition Codes.....	17

I. Introduction and Background

The Behavioral Risk Factor Surveillance System (BRFSS), the world's largest ongoing random-digit-dialing (RDD) telephone survey, tracks health practices, health conditions, and risk behaviors of adults in the United States. State health departments conduct the BRFSS via on-going monthly telephone interviews using a standardized questionnaire, with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). BRFSS data are used to identify emerging health problems; establish and track health objectives; develop, implement, and evaluate a broad array of disease prevention activities; and support health-related legislative efforts.

The BRFSS employs a random-digit-dialing (RDD) sampling strategy. Such strategies have proved to be cost-efficient strategies for conducting surveys of the U.S. household population. However, as the percentage of cell phone-only/ wireless households (households with no landline but accessible by cell phone) continues to grow, the validity of the basic RDD landline sampling model has come open to question. The increasing percentage of households that are abandoning their landline telephones for cell phones has significantly eroded the population coverage provided by landline-based surveys to pre-1970s levels. For the first half of 2010, the percentage of cell phone-only households was 26.6 percent.¹ This is an increase of 2.1 percent over the preceding 6-month period. Moreover, the disproportionate number of younger adults in wireless only households may bias estimates derived from landline telephone surveys. Almost 40% of adults aged 18-24 lived in wireless households. Wireless users are more likely to have lower incomes, and less likely to be white. In households where both landline and wireless phone service is available, there is a trend toward increased use of wireless communication. Over 27 percent of dual use households (approximately 16 percent of all households) report that they receive all or most of their calls on cell phones.²

The increased use of cell phones, even in dual use households represents a threat to the validity of traditional RDD surveys such as the BRFSS. Therefore in 2008 the BRFSS piloted cell phone samples in thirteen states. In 2009 48 states included cell phone samples and in 2011 states increased the number and proportion of cell phone surveys in their samples. Following finalization of data collection and weighting of the 2011 data, a single dataset will be released which includes both landline and cell phone respondent information.

¹ Blumberg SJ, Luke JV. Wireless Substitution: Early Release of Estimates From the National Health Interview Survey, January- June 2010. National Center for Health Statistics, Centers for Disease Control and Prevention. 2011; <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201012>.

² Blumberg SJ, Luke JV. Wireless Substitution: Early Release of Estimates From the National Health Interview Survey, January- June 2010. National Center for Health Statistics, Centers for Disease Control and Prevention. 2011; <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201012>.

Cell phone sampling frames are available from Marketing Systems Group -Genesys Sampling Systems and random samples of cell phone numbers can be called, provided that specific protocols are followed. Most states using cell phone frames have restricted the interviews to the core questions of the BRFSS. However a number of states have included optional modules and state added questions to cell phone only interviews without significant problems. In 2008, 2009 and 2010, cell phone data were not incorporated into the landline data sets released for public use. Cell phone frames in these years were restricted to those respondents who did not also have landline phones. Given the increased use of cell phones for communication in dual use households, 2012 protocols, described herein, will include respondents who receive 90 percent or more of their calls on cell phones in the cell phone samples. In 2011, cell phone and landline interviews will be incorporated into datasets for state and public use. Through proper weighting procedures cell phone interviews can be combined with interviews conducted using landline phones. The resulting estimate will make it possible to draw inferences to the full population of adults in a state with telephone service and will avoid the potential for bias in the risk factor estimates resulting from only collecting data from landline adults.

II. Summary of New Items in the Protocols

Although states have been using cell phone samples and conducting interviews on cell phones for up to three years, changes have been introduced to this year's protocols. Experienced users of the BRFSS protocols will notice the following changes this year:

1. Cell phone respondents who indicate that they have landline phones, but receive 90% or more of their calls on cell phones will be eligible for interview.
2. Adults who live in private homes OR college housing will be eligible for interview. The definition of group homes has changed as a consequence of the inclusion of college housing residents as eligible.
3. The minimum number of completed cell phone interviews is higher, at 20% overall and 20% for each split version of the questionnaire.
4. All cell phone numbers, once dialed, must have interim and final dispositions.
5. Disposition codes have changed to make be consistent with American Association of Public Opinion Research (AAPOR) standard codes. Significant changes in disposition codes include:
 - a. The incorporation of landline and cell phone dispositions into a single set of codes.
 - b. The movement of repeated technical difficulties to ineligible categories. Repeated busy, fast busy or unconnected numbers will be categorized as ineligible, per AAPOR standards. The determination of ineligibility due to technological problems is made much earlier in the calling attempts than in previous protocols. Data/fax/ modem lines, operator messages of nonworking numbers and numbers that do not connect may be finalized after the first attempt, but should not be called more than 6 times. States have the option of

calling technical barriers beyond the first call, but should not call more than the recommended 6 attempts.

- c. Changes in the manner by which numbers are assumed to be eligible/of unknown eligibility or ineligible. Cell phone numbers which reach answering machines may not be assumed to be eligible.
 - d. An overall reduction in the number of codes.
6. Changes in the screening questions used for cell phone respondents. The safety question is now offered first, prior to the confirmation of phone numbers.
 7. Changes in the definition of landline phones. Landline phones will now include internet provided phone service.

III. Sample Design

The target population for cell phone samples in 2012 consists of persons living in households or college housing, who have a working cellular telephone, aged 18 and older, and either do not have a landline telephone or report receiving 90 percent or more of all calls on their cell phones.

The sample supplier is Marketing Systems Group (MSG). Their sampling frame is based on the Telecordia database of telephone exchanges (e.g., 617-492-0000 to 617-492-9999) and 1,000 banks (e.g., 617-492-0000 to 617-492-0999). MSG uses dedicated cellular 1,000 banks, sorted on the basis of area code and exchange within a state. An interval, K , is formed by dividing the population count of telephone numbers in the frame, N , by the desired sample size, n . The frame of telephone numbers is divided into n intervals of size K telephone numbers. From each interval, one 10-digit telephone number is drawn at random.

The target sample size of complete cell phone only interviews is approximately 20 percent of the total completed surveys collected for the landline and cell phone combined in each state. The number of telephone numbers needed in a state varies because of completion rates, but the telephone numbers are distributed as a monthly sample. The monthly sample is a proportion of the total sample needed divided across the number of months of expected cell phone only data collection. The replicate is a sub-sample for the state, each containing 30 sample telephone numbers. The sample should be released in a controlled fashion by replicate so that the target number of interviews can be approximately attained without releasing more sample than needed.

The sample design uses a technique from MSG which allows the use of Genesys-CSS to flag sample landline telephone numbers that have been ported from landline to cellular service. A high percentage of these numbers are working cell phones and they are much more likely to belong to cell phone-only adults. No additional sampling is needed for adding ported numbers to the cell phone sample because they are selected as part of the landline RDD sample.

IV. Questionnaire

The 2012 BRFSS cell phone questionnaire is identical to the landline 2012 BRFSS core and optional modules, with the exception of screening questions (see next sections) and some demographic questions related to phone use. States may also add state-specific questions as they determine the feasibility of a longer cell phone survey. States are encouraged to use modules on the questionnaire as they see fit in 2012. Modules used on the cell phone questionnaire must be identical to those used on landline questionnaires. Modules used on splits should be identical on landline and cell phone versions.

V. Cell Phone/Landline Screening Procedure

When a potential respondent is contacted, he or she is asked questions to determine study eligibility. Specifically, the person answering the telephone is asked whether they have been reached on a cellular telephone, are aged 18 years or older, live in a private residence or college dormitory, and reside in the state. For those who respond they are not on a cellular telephone, are less than 18 years old, or do not live in a private residence or college dormitory, the interview is terminated. Those continuing through the screening questions are then asked whether they also have a landline telephone in their home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. If the respondent reports that they have a landline phone, they are then asked what percentage of all calls they receive on their cell phones. If respondents indicate that they receive less than 90 percent of all calls on their cell phone, the interview is terminated. In pilot studies of this procedure, approximately one third of respondents contacted by cell phone and who also have landlines indicated that they receive 90 percent or more of their calls on cell phones.

In 2008 and 2009, the interview was not terminated if the respondent indicated they did not live in a private residence. In 2010 this requirement was changed to make the respondent base more similar to that of the landline and restricted to persons who lived in private residences only. In 2012, adults over the age of 18 who live in private residences OR college housing will be included as eligible. Persons who live in group homes will not be eligible for the BRFSS survey. If respondents are contacted by state health departments and they do not live in the same state, the interview should continue and the actual state of residence should be recorded. This will allow for the transfer of such cases to the appropriate state. In such instances only core BRFSS questions will be asked.

The Cell Phone Screener Instrument

To determine eligibility for survey or to determine whether a respondent is able to answer a survey at the time called, a series of questions are asked at the beginning of the interview. As is noted in the previous section these questions determine whether:

- The correct telephone number has been reached;
- The respondent is in a safe place to speak on the phone;
- The telephone number belongs to a cell phone;
- The screener respondent is 18 years of age or older;
- The screener respondent lives in a private residence or college housing;

- If the respondent has a landline phone, he/she received 90 percent of all calls on a cell phone.

The following language will be used in the survey for the screening process:

Is this a safe time to talk with you?

1 **YES** **[Go to CONF_PHN]**
 2 **NO**
 IF "NO",
 Thank you very much, we will call you back at a more convenient time. ([Set
 appointment if possible]) **STOP – interim DISPCODE = 5560**

CONF_PHN Is this (PHONE NUMBER) ?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT
 RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES **[Go to CONF_CELL]**
 2 NO
 7 DON'T KNOW / NOT SURE **[Go to CONF_CELL]**
 9 REFUSED **[Go to CONF_CELL]**

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 - DISPCODE = 4300**

CONF_CELL 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."

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT
 RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES **[Go to CONF_ADULT]**
 2 NO
 7 DON'T KNOW / NOT SURE
 9 REFUSED

IF "NO",
 Thank you very much, but we are only interviewing cell telephones at this time. **STOP –
 DISPCODE = 425**

IF "DON'T KNOW", "REFUSED",
 Thank you very much for your time. **STOP – DISPCODE = 4460**

CONF_ADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- | | | |
|---|---------------------------|----------------------------|
| 1 | YES, respondent is male | [Go to CONF_PRVRES] |
| 2 | YES, respondent is female | [Go to CONF_PRVRES] |
| 3 | NO | |
| 7 | DON'T KNOW / NOT SURE | |
| 9 | REFUSED | |

IF "NO",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP – DISPCODE = 4700**

IF "DON'T KNOW", "REFUSED",

Thank you very much for your time. **STOP – DISPCODE = 4700**

CONF_PRVRES Do you live in a private residence, that is, not in group living situation?

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

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

- | | | |
|---|-----------------------|-----------------------------|
| 1 | YES | [Go to CONF_STATE] |
| 2 | NO | [Go to CONF_COLLEGE] |
| 7 | DON'T KNOW / NOT SURE | |
| 9 | REFUSED | |

IF "NO",

CONF_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.")

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP – DISPCODE = 4510**

IF "DON'T KNOW", "REFUSED",

Thank you very much for your time. **STOP – DISPCODE = 4510**

CONF_STATE Are you a resident of [STATE]?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- | | | |
|---|-----------------------|-------------------------|
| 1 | YES | [Go to LANDLINE] |
| 2 | NO | [Go to STATE] |
| 7 | DON'T KNOW / NOT SURE | |
| 9 | REFUSED | |

IF "DON'T KNOW", "REFUSED",

Thank you very much for your time. **STOP – DISPCODE = 4100**

STATE In what state do you live?

____ ENTER FIPS STATE
77 LIVE OUTSIDE US
99 REFUSED

IF "DON'T KNOW", "REFUSED",

Thank you very much for your time. **STOP – DISPCODE = 4100**

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: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES). PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

IF "NO", GO TO SURVEY INTRO
IF "DK" or "REF", GO TO TERMINATION
IF "YES", ASK

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?

___ % Record value between 0% and 100%, allow for DK and REF responses.

777. Don't know/Not sure
999. Refused

IF "90-100", GO TO SURVEY INTRO
IF "0-89," "DK" or "REF", GO TO TERMINATION

TERMINATION

Thank you very much. Those are all the questions that I have for you today. **STOP – DISPCODE = 4470**

A full version of the cell phone questionnaire, including the screening questions, is included in Appendix A.

Landline Phone Use Questions

To facilitate weighting of cell phone data when combined with data from the ongoing landline BRFSS in the state, the state should include questions on cell phone use, sharing, and service interruptions in the landline survey during the entire year. These questions are listed in Table 1.

The first question (#1) establishes whether or not the respondent has a cell phone for their personal use, including phones that are used for both personal and business purposes. The second question (#2) is used to determine whether or not the respondent shares a cell phone for personal use with other adults. The third question (#3) determines the percentage of cell phone use among adults with landline and cellular telephone service.

Table 1: Phone usage questions to be included in landline BRFSS questionnaire
1) Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
2) Do you usually share this cell phone (at least one-third of the time) with any other adults?
3) 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?

VI. Data Collection

Target Number of Completed Interviews

The recommended number of completed cell phone interviews is at least 20% of the combined landline and cell phone sample size. The target number of interviews should be as evenly spread out over the course of the year as possible (see time period instructions below). If states chose to conduct splits, each split should include a minimum 20% of all calls made on the split to be cell phone interviews. Therefore if 2,500 interviews are completed for a split, at least 500 of those should be conducted on cell phones. Modules completed on the splits should be identical on the landline and cell phone versions.

Survey Data Collection Time Period

Data are to be collected over a period of 12 months (January to December). However, if necessary, the period of months for cell phone data collection may be adjusted in order to accommodate states' needs. States should strive to conduct cell phone calling throughout the year. If budgetary constraints require that cell phone calls be conducted in a limited number of

months, calling should not be conducted in consecutive months. Many of the outcomes measured by the BRFSS are seasonally impacted. Therefore calling during a few months of the year is suboptimal.

Calling Requirements, Hours and Number of Call Attempts

All states and contractors of states must adhere to the requirements of the 1991 Telephone Consumer Protection Act (TCPA) which restricts the use of automatic dialers in cell phone surveys.³

States may choose to offer incentives for completion on cell phone surveys, but the BRFSS does not require incentives to be offered.

The minimum number of attempts should be at least six but no greater than twelve. As with the landline BRFSS, there are weekday, weeknight, and weekend calling occasions, and numbers should be dialed for each of the calling occasions. Therefore with the minimum number of attempts (6), two attempts should be made for weekday, weeknight and weekend calling occasions.

If a case ends up as an appointment it may be given up to another 8 attempts. In other words, if an appointment is set at attempt 10, the case is eligible for up to another 8 attempts before a final disposition is assigned. States may adjust the number of additional calls for appointments according to their preferences and needs. The BRFSS cell phone pilot report found that evening calls were more productive than daytime calls. Weekend calling was not found to be as productive as weekday evenings. States have the option of extending the calling hours to 10:00 pm local time.

Caller ID, Call Answering and Ring Tones

States should make efforts to display informative caller ID messages when making calls to cell phone respondents. [State] Health Department identification and/or [State] Health Survey are examples of appropriate caller identification. Studies have shown that calls made without caller ID have lower response rates than those which have meaningful messages which inform the potential respondent of the nature of the incoming call.

Some cell phone companies offer a service in which the customer can set personalized ring tones so that incoming callers hear music rather than a usual ring. Therefore, it may be necessary for interviewers hearing music after dialing to remain on the line for a short period of time to see whether respondents or their voicemail systems pick up the call. In addition, many cell phone voicemail systems do not pick up until after six or more rings. To ensure that voicemail messages are left appropriately, **interviewers are required to allow the phone to ring at least seven times, or until the number ceases ringing before exiting a case.**

³For details on the Telephone Consumer Protection Act, see <http://www2.fcc.gov/cgb/policy/TCPA-Rules.pdf>.

Vicemail Messages and Toll Free Telephone Numbers

A toll-free telephone number should be provided in voicemail messages left for potential respondents. The respondents could use this number to ask questions about the study or, if the CATI system is able, to participate immediately. In general, messages should be left by the fifth attempt to working numbers with telephone answering devices. States should ensure that the toll free number will be answered during regular business hours and during evening and weekend calling periods. The voicemail message script is provided below:

Voice Mail Message Script:

Hello. The [State] Department of State Health Services and the Centers for Disease Control and Prevention are conducting a study about the health of [State] residents. {If eligible, you will be paid \$XX for your time.} Please call us, toll-free, at 1-XXX-XXX-XXXX. 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-XXX-XXX-XXXX. Thank you.

The voice mail message should be left by the 5th attempt when answering devices are contacted, although states may adopt other practices regarding the attempt at which messages will be left.

Out-of-State Numbers

Owners of a cell phone may have moved to a different city or state and kept an out-of-state cell phone number. If respondents do not live in the same state in which their number is included in the sample, the interview should continue and the **correct state of residence, zip code and county should be recorded**. The target number of interviews with adults who only have a cell phone remains at twenty percent of the total number of landline and cell phone only interviews combined, with the understanding that some of those adults may live in another state. At the end of data collection and processing, all cases with out-of-state numbers will be transferred to the appropriate state where the respondent was living at the time of the survey. Cell phone numbers which reach respondents who are out of the county, are not eligible for interview.

Respondent Safety and Location

Because cell phone users may take calls in a variety of situations, such as during a routine errand or while driving, it is important for interviewers to determine whether or not respondents' locations or activities can hinder the conduct of an interview. To ensure the safety of respondents during interview administration, the informed consent language read to all respondents asks them to confirm that they are in a place where they can continue with the interview at the time of contact. If a respondent reports that they are driving or otherwise occupied in a way that could hinder participation and/or put them at a safety risk, the interviewer should set an appointment for a later date, or simply terminate the call, letting the

respondent know that he or she would call back at a more convenient time. Even if respondents agree to continue with the interview, interviewers are encouraged to listen for cues that the respondent might be in a distracting situation and, if so, to offer to set an appointment to complete the interview at another time.

Basic training and monitoring guidelines should provide interviewers information on how to recognize a respondent who might be distracted by looking for the following cues:

- Having a conversation with another member in the HH, including a child.
- Background noises (including traffic noises).
- Multiple interruptions in respondents' conversation with interviewers.
- Comments of doing another activity (i.e. "I'm making dinner"; "I'm giving my child a bath"; "I'm driving down the road," etc.).

It is important to explicitly confirm with potential respondents that they are not in distracting situations. The core interview introduction of the cell phone only questionnaire includes a safety statement ("Is this a safe time to talk with you now or are you driving?"). Another option is to move this statement up to the screener introduction. One of the two introductions in the survey must contain the safety text. States have the option of placing it early or waiting to the point that the core interview is going to start.

Identifying Business-Only Cell Phone Numbers

A substantial number of cell phone customers use their phones for personal as well as business purposes, making them eligible for the study. Only those using their phone exclusively for business purposes are ineligible for the study. Therefore, if an interviewer reaches voicemail suggesting a cellular number is used for business purposes, an interim disposition code should be assigned and the case re-contacted until it can be definitively determined whether or not the number is solely for business use.

Identifying Child/Teen Cell Phones

Persons under the age of 18 are ineligible for the study. When interviewers reach an answering party under age 18, they should terminate the interview and the case should be coded 4700 "no eligible respondent". Although landline protocols require household selection, this is not appropriate protocol for cell phone samples. Do not sample within a household when reaching a minor child on a cell phone.

Refusal Conversion

If a respondent asks not to be called on their cell phone, interviewers should attempt to avert a refusal by asking for another telephone number, including landlines, at which the respondent could be contacted or if there is a better time for them to take a call via cell phone (e.g., when incoming calls would not incur a cost). Interviewers should ascertain that they have reached the proper number prior to asking for a second number on which to conduct the interview. No further attempt should be made to contact respondents who do not provide this information.

However, more general, non-hostile refusals should be re-contacted once for a conversion attempt.

VII. Quality Control

Data Collection

The Ci3 WinCATI questionnaire will be programmed to help ensure complete and accurate data collection, using automated data-checking techniques such as consistency edit checks. These features enable interviewers to obtain needed clarifications while still on the telephone with respondents.

Call Attempt Outcome Codes

BRFSS Disposition Codes and Rules are included in Appendix B. The list is based on the Disposition codes and rules used for the standard landline BRFSS. States should adhere to the disposition coding scheme for interim and final dispositions. The total number of interim dispositions should be one less than the number of call attempts provided in the dataset. Therefore if a completed interview is achieved on the first call attempt, or if the number is not working, there will be no interim dispositions. If interviewers call a number more than one time, interim disposition(s) should appear in the dataset for that number. The Appendix includes a table of all interim and final dispositions.

Overall the final disposition codes adhere to the following formats:

General Format of Interim and Final Disposition Codes	
Codes	Category of dispositions
1000-1990	Completed or partially completed interviews
2000-2990	Eligible phone numbers/ non interviews
3000-3990	Unknown eligibility/ non interviewed
4000-4990	Not eligible for interview
5000-6990	Interim dispositions

Once dialed, all cell phone sample numbers should be called until final dispositions are reached and appropriate codes assigned. Data sets must include a final disposition for each of the numbers that remain in the sample.

VIII. Data Submission

All states should use the BRFSS upload/download site to send cell phone data to DBS and to download data and reports from DBS. For example, once DBS completes the reformatting program, PC edits, etc. DBS uploads these documents to the site, States and data collectors can then download these files.

Data Delivery Procedures

Before submitting data to DBS, states should use PC Edits to check for any possible errors. The PC Edits version for cell phones will be available for download from the BRFSS Upload/Download site. DBS expects states to submit data within 30 days after the end of the month and after completing PC Edits.

Please submit the data files in ASCII format using the 2012 Cell Phone Data Submission Layout available from the BRFSS Upload/Download site.

The naming convention of the data file for submission will need to be as follows:

CEL_SSMMMYY.DAT

CEL designates a Cell Phone Project data file, SS represents the two character state abbreviation, MMM the three character month abbreviation (the month for which the sample was generated), and YY as the last two digits of the year.

For example: CEL_TXFEB12.DAT.

The coordinators can log in using their BRFSS userid and password. Then they should:

1. Select Special Surveys
2. Go to Cell Phone Project
3. Choose from the following options:
 - a) Submit Files
 - b) Previously Submitted Data Files
 - c) Downloadable Files

VIII. Weighting and Estimation

Sampling weights will be calculated for the cell phone sample by CDC. Cell phone data will be combined with landline data. The combined data set will be raked using the ASWS methodology.

Appendix A: Cell Phone Questionnaire
(attached in separate document)

Appendix B: Interim and Final Disposition Codes

2012 Disposition Codes for Landline and Cell Phones

2012 Code	Description	2011 Code(s)	Definition	Range of number of attempts	Call back rules
Completed interviews					
1100	Complete	110	Assign if respondent completes questionnaire.	1-15 attempts	
1200	Partial Complete	120	Assign if respondent completes gender and three other demographic questions with responses other than “don’t know/not sure” or “refused”	1-15 attempts	Respondent may be called back to fully complete the interview. Give final disposition on 15 th or subsequent call attempt even if there is only one occurrence of a refusal or termination.
Non completed, known eligible					
2012 Code	Description	2011 Code(s)	Definition		Call back rules
2111	Household level refusal	270, 280	Assign for landline only if refusal after respondent selection but before Core BRFSS Q1 in landline. <u>Refusal can be from any member of the household.</u> Automated messages should not count as refusals.	1-15 attempts	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition of 5111 (household level refusal).
2112	Known respondent refusal	220	Assign if <u>refusal by selected respondent</u> before Core BRFSS Q1 in landline. Automated messages should not count as	1-15 attempts	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts

			refusals. Assign if cell phone respondent refuses after number determined to be personal phone and respondent confirms living in private residence or college housing.		and at least one interim disposition of 5112 (respondent refusal).
2120	Break off/ termination within questionnaire	210	Assign if respondent has completed Core BRFSS Q1 and terminates/breaks off prior to demographics section. (NOTE: If respondents complete gender and two other demographics questions prior to break off code 1200.)	1-15 attempts	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts with at least one interim disposition of 5120 (break off/termination).
2210	Respondent never available	230, 240	Assign if respondent selected /known eligible, but never available. Respondent may not have been contacted or contacted and asked to be called later. Includes repeated unsafe location for interview, respondent away during period of interview, respondent not available for appointment. Includes selected respondents who die during interview period.	1-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline. Cell phone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of calling attempts with at least one interim disposition of 5100 (appointment), or 5560 (unsafe location) and all others noncontact dispositions.
2220	Household answering device	335,340	Assign if repeated contact with answering device which confirms residential/non business number (landline only). The answering device gives a message confirming private residence by using the words "home," "family," "residence," or "house" or by using family name in the	6-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline Assign after maximum number of calling attempts with at least one interim disposition of 5220 (answering device, confirms

			message (landline only). Due to potential for cell phone answering devices to be out-of-sample and/or not be connected to eligible respondents, do not assign this code to cell phone sample numbers. For cell phone answering devices use code 3140 (Answering device, unknown if eligible residence/respondent).		residence) and all others noncontact.
2320	Respondent physically or mentally unable to complete interview	260	Assign if respondent selected but unable to complete interview due to physical or mental impairment. This includes temporary conditions such as bereavement, which will last beyond the interview period.	1-6 attempts	Assign the first time a selected respondent is contacted or is described by someone else as physically or mentally incapable of completing survey or the second time a respondent who is physically or mentally impaired is contacted.
2330	Language barrier, selected respondent	250	Selected respondent does not speak English or other language for which interviewers are available. (NOTE: If language barriers prevent completion of respondent selection, assign code 3310 (language barrier, physical or mental impairment).	1-15 attempts	Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as not speaking English or other language for which interviewers are available.
Non completed, unknown eligibility					
2012 Code	Description	2011 Code(s)	Definition		Call back rules
3100	Unknown if housing unit	330, 332	Assign if hang up without confirming private residence (landline and cell phone). Assign for landline sample if contact without completion of household screener questions.	1-15 attempts	Give final disposition after second hang-up or termination or when a first time hang up will not be called back because of irate respondent. If the first occurrence is on 15 th attempt, give final disposition. Assign after maximum number

					of attempts with at least one interim disposition of 5050 (hang up, unknown if housing unit) and all others noncontact.
3130	No answer	360	Assign if phone rings normally but no one answers.	6-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline. Cell phone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with all interim dispositions of 5130 (no answer).
3140	Answering device, unknown if residence or respondent eligible	345	Assign if answering device without confirmation of household (landline). Assign if cell phone reaches answering device.	10-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline. Cell phone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with all interim dispositions of 5140 (answering device, unknown if eligible residence or respondent).
3150	Telecommunication barrier	350	Assign if call blocking, message asking caller for identification or other ID requirements which cannot be met or other barrier established by potential respondent or household.	6 attempts	Give final disposition after at least 3 calling occasions of no more than 2 attempts with at least 2 weekday, 2 weeknight and 2 weekend calls for landline. Cell phone

			Message does not provide information on whether number has reached a household or household resident.		respondents may be called up to 6 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5150 (telecommunication barrier) and all others noncontact.
3200	Household, not known if respondent eligible	310, 315	Assign for landline sample if private residence confirmed without selecting respondent. (NOTE: If contact is made and <u>household eligibility is unknown</u> , use code 3100). Assign for cell phone if contact is made with household resident without determining whether cell phone number is personal (nonbusiness) phone. Contact with group home may apply. Contact with vacation home may apply. Contact with household where residents are away for interview period may apply.	1-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 2 weekday, 2 weeknight and 2 weekend calls for landline. Cell phone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5112 (respondent refusal, hang up or termination).
3322	Physical or mental impairment (household level)	325	Assign if physical or mental impairment prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If selected respondent is physically or mentally impaired assign 2320 after first attempt.	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5320 (physical or mental impairment).
3330	Language barrier, (household level)	320	Assign if language barrier prevents determination of private residence or prevents	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5330

			determination of eligibility of household or resident. This is a household level assignment. If selected respondent has language barrier assign 2330 when informed.		(language barrier).
3700	On never call list	370	Assign only if supervisor can determine that respondent is on never call list. Interviewer should not assign based on respondent information. (NOTE: If respondent insists that he/she is on never call list code assign household level refusal (2111) or respondent refusal (2112).	No attempt	Assign with confirmation by supervisor.
Ineligible					
2012 Code	Description	2011 Code(s)	Definition		Call back rules
4100	Out of sample	405, 305	Assign if out of state for landline or out of country for cell phone. Assign if indication that number reaches vacation home or household members are not living in home during interview period. (NOTE: If contact is made with respondent who indicates that they have been reached at their vacation home where they live for at least 30 days per year, interview can continue).	1-15 attempts	Assigned as soon as sample ineligibility determined. This should take priority over other final dispositions.
4200	Fax/data/modem	430	Assign if call reaches fax or data line without human contact.	1-6 attempts	<u>May be assigned after one attempt.</u> If states choose to use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight and 2 weekend calls

					for landline. If states choose to use six attempts, cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight and 2 weekend attempts. If six attempts are used, assign after maximum number of attempts with at least one interim disposition of 5200 (fax/data/modem) and all others noncontact.
4300	Nonworking number/ disconnected	450, 355	Assign if tritone. Assign if operator message of nonworking number. Assign if operator message of nonworking number. States may choose to assign for temporary nonworking number message on first attempt or after repeated temporary nonworking number messages. Assign if "number changed" message. Assign if correctly dialed number rings to incorrect number. Assign if respondent reports that connection has been made to wrong number.	1-6 attempts. Do not call more than 6 attempts.	May be assigned after one attempt. If states use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight and 2 weekend calls for landline. Cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5400 (technological barrier), 5300 (possible nonworking) or 5550 (busy) and all others noncontact.
4400	Special technological circumstances	365, 440	Assign if repeated busy, fast busy or circuit busy messages. Assign if repeated ambiguous operator messages. Assign if repeated poor audio quality. Assign if number repeatedly does not connect.	1-6 attempts. Do not call more than 6 attempts.	May be assigned after one attempt or pre assigned using precall status. Assign as soon as interviewer reaches number resulting in tritone. If states use six attempts, give final disposition after recommendation for 3 calling

					occasions with 2 weekday, 2 weeknight and 2 weekend calls for landline. Cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with interim dispositions of 5200 (fax/data/modem), 5400 (technological barrier), 5300 (possible nonworking) and/or 5550 (busy) and all others noncontact.
4430	Call forwarding/ pager	N/A	Assign if message indicates number has been forwarded. Assign if number reaches a pager. Assign if connection produces series of beeps. Assign if informed that number forwarded to other number. (NOTE: Do not select respondents from household or location which is different from the original number. Do not enumerate the number of adults at location which is different from original number.)	1-6 attempts. Do not call more than 6 attempts.	May be assigned after one attempt. May give final disposition after respondent or automated message informs that the number has been forwarded after multiple attempts. May give final disposition after series of beeps indicates a pager has been reached. If states use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight and 2 weekend calls for landline. Cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight and 2 weekend attempts.
4450	Cell phone	435	Assign if landline sample number connects to cell phone.	1-15 attempts.	Given final disposition when informed. This disposition should take priority over other possible final dispositions for

					the landline sample. This disposition code should be pre-assigned to precall status code which indicates cell phone in the landline sample.
4460	Landline	N/A	Assign if cell phone sample number connects to landline.	1-15 attempts.	Given final disposition when informed. This disposition should take priority over other possible final dispositions for the cell phone sample.
4470	Cell phone respondent with landline	N/A	Assign if cell phone respondent also has landline and reports receiving less than 90% of all calls on cell phone.	1-15 attempts.	Given final disposition when informed. This disposition should take priority over other possible final dispositions for the cell phone sample.
4500	Non residence	420	Assign if business, government or other organization.	1-15 attempts	Given final disposition when informed. This disposition should take priority over other possible final dispositions. This disposition should be assigned to numbers with a precall status of 5.
4510	Group home	420	Assign if respondent identifies number as reaching a group home, prison, halfway house, nursing home or hospital. College dormitories, graduate student housing, sorority/fraternity housing, or other college provided housing is not defined as group home. Persons living in college housing are eligible for interview.	1-15 attempts	Given final disposition when informed. This disposition should take priority over other possible final dispositions.
4700	Household, no eligible respondent	410	Assign if child phone (landline or cell phone). Assign if landline household without eligible respondent.	1-15 attempts	Given final disposition when informed. This disposition should take priority over other possible final dispositions.

4900	Miscellaneous, non-eligible	N/A	Assign for null numbers, special data circumstances only. May be assigned if data are believed by state coordinator or data collection supervisor to be falsified or in error. Notify CDC when this code is used.	1-15 attempts	May be assigned after one attempt. Assign only with supervisor approval.
Interim disposition codes					
2012 Code	Description	2011 Code(s)	Definition		Call back rules
5050	Hang-up, unknown if housing unit	505	Respondent hangs up or refuses before establishing household or respondent eligibility.		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
5100	Appointment	510	Respondent asks for an appointment or asked to be called at some other time. Assign if child answers the phone and does not get an adult to come to the phone. Appointments may be formal or informal requests to call back from household or respondent.		Schedule a call back for appropriate time.
5111	Household level refusal	N/A	Assign if household information is collected but refusal occurs before respondent selection.		Give interim disposition when this situation occurs. Call back after an interval of at least one day.
5112	Respondent refusal: hang up or termination	505	Assign after respondent selection but before Core BRFSS Q1 in landline. Assign for cell phone respondent refusal after residence eligibility established.		Give interim disposition. Schedule callback for as long as practical for up to two weeks after initial refusal.
5120	Break off/ termination in questionnaire	N/A	Assign after respondent completes through Core BRFSS Q1 with an answer other than “don’t know/not sure” or “refused” but breaks off prior to end of		Give interim disposition when this situation occurs. Call back after an interval of at least one day.

			demographic section.		
5130	No answer	550	Assign if number rings normally without answer.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5140	Answering device, unknown if eligible residence or respondent	535	Assign if answering device leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age. Assign for cell phone answering devices which may not be eligible.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5150	Telecommunication barrier	N/A	Assign if call blocking, call ID requirements or other respondent initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call forwarded to other number and there is some potential for reaching household or actual respondent at later time.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5200	Fax/data/modem	560	Assign if number connects to data or fax line without human contact.		States may assign final disposition of 4200 at any attempt including the first attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one day.
5220	Answering device, confirms residence	525	Assign if answering device confirms residence (landline only). Answering device message uses the words "home," "residence," "family," "household" or uses family name.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.

5300	Possible nonworking	570	Assign if technological barrier indicates number might be nonworking. Assign if recorded message indicates number is temporarily out of service. Assign if message indicates phone number cannot be reached at this time.		States may assign final disposition of 4300 at any attempt including the first attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one hour.
5320	Physical or mental impairment	520	A household respondent or selected respondent is temporarily unable to be interviewed due to physical or mental impairment. NOTE: If <u>selected respondent</u> has permanent physical or mental impairment which renders him/her unable to complete the interview assign final disposition of 2320 (physical or mental impairment) as soon as informed.		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
5330	Language barrier	515	Assign if a respondent who is not the selected respondent does not speak English or other language for which an interviewer is available. (NOTE: If <u>selected respondent</u> does not speak English or language for which there is an interviewer available, give final disposition of 2330 as soon as informed.)		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
5400	Technological barrier	530	Assign if fast busy, circuits busy, ambiguous operator messages, repeated beeping, no connection.		States may assign final disposition of 2400 at any attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one day.
5550	Busy	555	Assign if number produces normal		States may assign final

			busy (not fast busy) signal.		disposition of 2400 at any attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one hour.
5560	Unsafe location for interview	N/A	Assign if respondent indicates he/she unable to continue due to safety concerns.		Give interim disposition when this occurs. Schedule a callback time or call back after an interval of at least one hour until maximum call attempts are reached.
5700	Supervisor attention		Assign if special circumstances require supervisor attention		Assign only for special circumstances.
5900	Null attempt	580, 585	Assign only with supervisor approval for special data circumstances.		Assign only with supervisor approval for special data circumstances.

2008 BRFSS Asthma Call-back Guidelines

1. All standard BRFSS data collection protocols (such as call attempts, assigning dispositions to cases, etc.) should be followed. Data collection for the follow-up must meet guidelines and data quality criteria established for the annual state-wide survey.
2. The BRFSS core and (where applicable) child selection modules will be required to select a respondent for the follow-up. The respondent will be either an adult (BRFSS respondent) or child (chosen using child selection module) who has ever had asthma. All cases meeting the qualification criteria in BRFSS will be included in the follow-up sample. Only one call-back interview per household will be conducted. If a household contains both an eligible adult and child, then one will be selected for the call-back using a random selection process built into the BRFSS interview. The program should select the child 50% of the time and the adult 50% of the time. If a child is the selected sample member for the call back, the interview will be conducted with the most knowledgeable parent or guardian in the household; persons under age 18 years will not be interviewed directly. The BRFSS respondent at the core must be the parent/guardian of the child selected. If the BRFSS respondent is not the parent/guardian of the selected child, a call-back survey for the child with asthma is not conducted (e.g. a core BRFSS respondent who is a sibling of the selected child, who is over 18, but is not the guardian of the selected child could not transfer the child call-back over to the parent/guardian of the child). The reason for this is that the core BRFSS data must also be for the parent/guardian of the selected child.
3. All states should make the BRFSS respondent aware that a callback will take place. A template with recommended wording for the question requesting permission to call the respondent back sometime in the next two weeks is provided in Appendix A. Because IRBs in different states may require slight changes in the wording of this question, you have the latitude to modify this template as necessary. We request only that you forward a copy of your final wording to Wil Murphy (BSB) for documentation purposes.
4. This call-back survey is an extension of the regular surveillance efforts conducted as a part of BRFSS and as such has exemption from full review by the CDC IRB. A copy of the BRFSS exemption email for the 2006 BRFSS is provided in Appendix B. BSB will forward a copy of the 2008 exemption once it is received (which should be sometime in October, 2007).
5. Because both the adult and child questionnaires were pretested and administered in three states during 2005, administered to 25 states in 2006, and 35 states in 2007, we will not be requiring a pretest of the 2007 questionnaire. CA provides a Spanish translation of each instrument. States can do a pretest, it's just not required. New states should test their CATI somehow if they are not using one of the contractors currently conducting the Asthma call-back.
6. Data collection for the call-back survey should begin by February 1, 2008. Interviews should be conducted within two weeks of the BRFSS interview completion date. Conducting the Asthma interview earlier than 2-weeks limit is preferred.

7. Data will be submitted via email to the BSB data mailbox (nccdachbrfss@cdc.gov) on the following schedule: (earlier submissions are fine if data collection is completed earlier)

- March 1, 2008
- April 1, 2008
- July 1, 2008
- October 1, 2008
- February 1, 2009

8. Standard BRFSS case disposition codes and code assignment rules are required. Four additional codes have been added for the call-back survey only:

Revised Disposition list is enclosed

9. A case should be considered as a partial complete (disposition code 120) if either:

- a. the respondent completed section 8 (medications) before terminating the interview; OR
- b. the respondent completed section 7 (modifications to environment) but didn't complete section 8 (medications) before terminating the interview but would have skipped section 8 due to a legitimate skip because he or she had responded "Never" to LAST_MED (3.4) "How long has it been since you last took asthma medication?".

A case would be considered as a termination within questionnaire (disposition code 210) if the respondent should have answered the questions about medications in section 8 and didn't, or if they would have skipped section 8 but terminated the questionnaire before reaching the end of section 7 (modifications to environment).

10. BSB is working on a PC Edits program. This is expected to be available before the first quarter of the '08 processing year.

11. BSB will weight the data and produce a final data set that includes the state-wide BRFSS data and the call-back survey data. Midyear files will be made available to the states for quality control checks.



2013

**Behavioral Risk Factor Surveillance System
Questionnaire**

December 26, 2012

Behavioral Risk Factor Surveillance System 2013 Questionnaire

Table of Contents

Table of Contents	2
Core Sections	7
Section 1: Health Status	7
Section 2: Healthy Days — Health-Related Quality of Life	7
Section 3: Health Care Access	8
Section 4: Inadequate Sleep	9
Section 5: Hypertension Awareness	10
Section 6: Cholesterol Awareness	10
Section 7: Chronic Health Conditions	11
Section 8: Demographics	14
Section 9: Tobacco Use	22
Section 10: Alcohol Consumption	23
Section 11: Fruits and Vegetables	24
Section 12: Exercise (Physical Activity)	27
Section 13: Arthritis Burden	29
Section 14: Seatbelt Use	31
Section 15: Immunization	31
Section 16: HIV/AIDS	32
Optional Modules	34
Module 4AB: Health Care Access MRT (asked in Core)	34
Module 5B: Sugar Drinks	36
Module 9B: Arthritis Management	37
Module 13B: Colorectal Cancer Screening	38
Module 17A: Mental Illness and Stigma	39
Module 18B: Industry and Occupation	42
Module 20A: Random Child Selection	43
Module 21A: Childhood Asthma Prevalence	46
NY State-Added Section	48
NY State-Added Module 1A: Asthma Call-Back	48
NY State-Added Module 2AB: Health Care Access (type)	49
NY State-Added Module 3A: Cognitive Impairment	50
NY State-Added Module 4A: HIV Testing Law	53
NY State-Added Module 5AB: Hemoglobinopathies	56
NY State-Added Module 6B: Hepatitis Prevention	56
NY State-Added Module 7B: Participation in Chronic Disease Self-Management (asked in OM ?)	56
NY State-Added Module 8B: Diabetes	57
NY State-Added Module 9B: Sodium	58
NY State-Added Module 10B: High Blood Pressure Control	59
NY State-Added Module 11B: Stroke Awareness	59
NY State-Added Module 12B: Access to Fruits and Vegetables	60
NY State-Added Module 13B: Fast Food and Calorie Posting	61
NY State-Added Module 14B: Food Security/Social Context	61
NY State-Added Module 15B: Neighborhood Perception and Environment	62
NY State-Added Module 16B: Air Conditioning	63
Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)	64



Interviewer's Script

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

Is this (phone number) ?

If "No"

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

Is this a private residence?

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

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

No, business phone only

If "No, business phone only".

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

STOP

College Housing

Do you live in college housing?

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

Yes
No

If "No",

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

State of Residence

Do you reside in _____(state)_____?

Yes **[Go to Cellular Phone]**
No

If "No"

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

Cellular Phone

Is this a cellular telephone?

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

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

If "Yes"

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

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

Are you 18 years of age or older?

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

If "No",

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

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"



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

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

___ Number of men

___ Number of women

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

If "you," go to page 6



To the correct respondent:

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

Core Sections

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

Section 1: Health Status

- 1.1** Would you say that in general your health is— (80)
- Please read:**
- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
- Or**
- | | |
|---|------|
| 5 | Poor |
|---|------|
- Do not read:**
- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

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

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (81–82)
- | | | |
|---|---|-----------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

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

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

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

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

Section 3: Health Care Access

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

		(87)
1	Yes	[If PPHF state go to Module 4, Question 1, else continue]
2	No	
7	Don't know / Not sure	
9	Refused	

- 3.2** Do you have one person you think of as your personal doctor or health care provider?

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

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

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

(89)

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

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(90)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

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

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

(91-92)

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

Section 5: Hypertension Awareness

- 5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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] |

- 5.2** Are you currently taking medicine for your high blood pressure? (94)

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

Section 6: Cholesterol Awareness

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

- 6.2** About how long has it been since you last had your blood cholesterol checked? (96)

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 |

6.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

Section 7: 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."

7.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

7.2 (Ever told) you had angina or coronary heart disease? (99)

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

7.3 (Ever told) you had a stroke? (100)

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

7.4 (Ever told) you had asthma? (101)

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

7.5 Do you still have asthma? (102)

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

7.6 (Ever told) you had skin cancer? (103)

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

7.7 (Ever told) you had any other types of cancer? (104)

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

7.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)

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

7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)

- 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)

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

(107)

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

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

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

(108)

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

7.12 (Ever told) you have diabetes?

(109)

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

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

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

CATI note: If Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 8: Demographics

8.1 What is your age? (110-111)

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

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

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

Do not read:

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

8.3 Which one or more of the following would you say is your race? (116-143)

Interviewer Note: Select all that apply.

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

Please read:

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

Do not read:

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

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

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

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

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

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

(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

9 Refused

8.7 How many children less than 18 years of age live in your household? (148-149)

— — Number of children
8 8 None
9 9 Refused

8.8 What is the highest grade or year of school you completed? (150)

Read only if necessary:

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

Do not read:

9 Refused

8.9 Are you currently...? (151)

Please read:

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

Or

8 Unable to work

Do not read:

9 Refused

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

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

Read only if necessary:

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

Do not read:

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

8.11 About how much do you weigh without shoes?

(154-157)

NOTE: If respondent answers in metrics, put “9” in column 148.

Round fractions up

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

8.12 About how tall are you without shoes?

(158-161)

NOTE: If respondent answers in metrics, put “9” in column 152.

Round fractions down

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE: Include occasional use or use in certain circumstances.

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

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

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

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

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

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

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

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

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

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

(186)

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

Section 9: Tobacco Use

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

(187)

NOTE: 5 packs = 100 cigarettes

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

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

(188)

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

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (189)

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

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)

- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |
| 0 7 | 10 years or more |
| 0 8 | Never smoked regularly |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

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

Snus (rhymes with 'goose')

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

(192)

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

Do not read:

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

Section 10: Alcohol Consumption

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

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

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

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

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

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

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? (200-201)

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

Section 11: Fruits and Vegetables

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

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

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

- 11.1** During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (202-204)

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

9 9 9 Refused

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

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

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

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

- 11.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)
- | | |
|-------|-----------------------|
| 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.).

- 11.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)
- | | |
|-------|-----------------------|
| 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.

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

(211-213)

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.

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

(214-216)

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).

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

(217-219)

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.

Section 12: Exercise (Physical Activity)

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.

12.1 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? (220)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q12.8] |
| 7 | Don't know / Not sure | [Go to Q12.8] |
| 9 | Refused | [Go to Q12.8] |

12.2. What type of physical activity or exercise did you spend the most time doing during the past month? (221-222)

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

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

12.3 How many times per week or per month did you take part in this activity during the past month? (223-225)

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

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (226-228)

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

12.5 What other type of physical activity gave you the next most exercise during the past month? (229-230)

- | | | |
|-----|-----------------------|-------------------------------------|
| — — | (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] |

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

12.6 How many times per week or per month did you take part in this activity during the past month? (231-233)

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

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

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

12.8 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. (237-239)

- 1__ Times per week
- 2__ Times per month
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 13: Arthritis Burden

If Q7.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

13.2 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? (241)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”

If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

13.3 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? (242)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

13.4 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. (243-244)

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say— (245)

Please read:

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

Do not read:

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

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? (246)

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 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? (247-252)

- / Month / Year
- 77 / 7777 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

15.3 Since 2005, have you had a tetanus shot?
(253)

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

15.4 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?
(254)

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

Section 16: HIV/AIDS

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

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
(255)

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

16.2 Not including blood donations, in what month and year was your last HIV test?
(256-261)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

9 9/ 9 9 9 9 Refused / Not sure

CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module transition.

16.3 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?

(262-263)

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

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

Closing Statement

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 4AB: Health Care Access MRT (asked in Core)

- 1 Do you have Medicare? (298)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

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

- 2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)

(Select all that apply)

Please Read:

- 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

CATI Note: If PPHF State go to core 3.2

- 3 Other than cost, there are many other reasons people delay getting needed medical care.
- Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

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 _____ (314-338)

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

CATI Note: If PPHF State, go to core 3.4

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

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

(339)

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

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

4b About how long has it been since you last had health care coverage?

(340)

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

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

(341-342)

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

6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.
(343)

- 1 Yes
- 2 No

Do not read:

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

9 Refused

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

(344)

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

Do not read

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

8 Do you currently have any medical bills that are being paid off over time? (345)

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

CATI Note: If PPHF state, Go to core section 4.

Module 5B: Sugar Drinks

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

1. 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.

Please read:

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. (346-348)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

- 8 8 8 None
- 7 7 7 Don't know / Not sure

9 9 9 Refused

2. 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. (349-351)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

Module 9B: Arthritis Management

CATI NOTE: If Core Q7.9 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (380)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (381)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(383)

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

Module 13B: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

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?

(396)

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

2. How long has it been since you had your last blood stool test using a home kit?

(397)

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

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?

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

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?

(399)

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

5. How long has it been since you had your last sigmoidoscopy or colonoscopy?

(400)

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

Module 17A: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(418)

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

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

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

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

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

(420)

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

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

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

(421)

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

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

Note: If respondent asks what does "everything was an effort" means; say, "Whatever it means to you"

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

(422)

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

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

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

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

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

(424-425)

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

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

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

(426)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you **—agree** slightly or strongly, or **disagree** slightly or strongly?

(427)

Read only if necessary:

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

Do not read:

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

10. People are generally caring and sympathetic to people with mental illness. Do you **—agree** slightly or strongly, or **disagree** slightly or strongly?

Read only if necessary:

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

Do not read:

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

INTERVIEWER

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

Module 18B: Industry and Occupation

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

Now I am going to ask you about your work.

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

- 1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (429-453)

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

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

[Record answer] _____
99 Refused

Or

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

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

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

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

[Record answer] _____
99 Refused

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

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (454-478)

[Record answer] _____
99 Refused

Or

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

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

[Record answer] _____
99 Refused

Module 20A: Random Child Selection

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

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

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

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

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child? (488-493)

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

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

CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (494)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (495-498)

- 1 No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are they...

Interviewer Note: One or more categories may be selected

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

Do not read:

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

4. Which one or more of the following would you say is the race of the child? (499-526)

(Select all that apply)

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

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

50 Pacific Islander

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

Do not read:

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

5. Which one of these groups would you say best represents the child's race? (527-528)

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

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

50 Pacific Islander

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

Do not read:

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

6. How are you related to the child? (529)

Please read:

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

Do not read:

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

Module 21A: Childhood Asthma Prevalence

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

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (530)

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

2. Does the child still have asthma? (531)

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

Asthma Call-Back Permission Script

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

(534)

- 1 Yes
- 2 No

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

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (535)

- 1 Adult
- 2 Child

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

_____ Enter first name or initials

NY State-Added Section

NY State-Added Module 1A: Asthma Call-Back

If C07.4=1 (Adult lifetime=yes) or M21Q01=1 (childhood lifetime=yes)

1. "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 New York. 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, initials or nickname and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

(???)

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

If Q01 = 1:

2. Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

_____ Enter name/initials/nickname (Cati only)

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

If Q01 = 1 and child selected:

3. Can I please have the child's first name, initials or nickname so we will know which child to ask about when we call back?

_____ Enter
name/initials/nickname (Cati only)

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

4. Are you the parent or guardian in the household who knows the most about (child)'s asthma?

(???)

- | | | |
|---|-----------------------|--------------------|
| 1 | Yes | [Go to Q06] |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

5. You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

Enter
name/initials/nickname (Cati only)

- 7 Don't know / Not sure
9 Refused

IF Q04 = 1:

6. What is a good time to call you back? For example, evenings, days or weekends?

IF Q04 = 2:

6. What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

Time
(Cati only)

- 7 Don't know / Not sure
9 Refused

NY State-Added Module 2AB: Health Care Access (type)

Ask if C03Q01=1 (Core Section 3: Health Care Access Q1=Yes)

1. What type of health care coverage do you use to pay for most of your medical care?

Is it through: coverage code ____
(Interviewer Note: If more than one, ask Which type do you use to pay for most of your medical care)

Please Read

- 01 Your employer
02 Someone else's employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Medical Assistance
06 Family Health Plus (State Sponsored Program)
07 The Military, Champus, TriCare or the VA(or Champ VA)
08 The Indian Health Service
or
09 Some other source

88 None
77 Don't Know/Not Sure
99 Refused

Ask if C03Q01=2 (Section 3: Health Care Access Q1=No)

2. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

(Interviewer Note: If more than one, ask Which type do you use to pay for most of your medical care)

Coverage through

coverage code: __ __

Please Read

- | | |
|-------|---|
| 01 | Your employer |
| 02 | Someone else's employer |
| 03 | A plan that you or someone else buys on your own |
| 04 | Medicare |
| 05 | Medicaid or Medical Assistance |
| 06 | Family Health Plus (State Sponsored Program) |
| 07 | The Military, Champus, TriCare or the VA(or Champ VA) |
| 08 | The Indian Health Service |
| | or |
| 09 | Some other source |
| ----- | |
| 88 | None |
| 77 | Don't Know/Not Sure |
| 99 | Refused |

NY State-Added Module 3A: Cognitive Impairment

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

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

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. **[If Q1 = 1];** Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

- | | |
|---|---|
| — | Number of people [6 = 6 or more] |
| 8 | NONE |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person?

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

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

CATI NOTE: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

4. During the past 12 months, how often **[If Q1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"]** given up household activities or chores **[If Q1 = 1 (Yes): insert "you;" otherwise, insert "they"]** used to do, because of confusion or memory loss that is happening more often or is getting worse?

Please read:

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

Do not read:

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

5. As a result of **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss, in which of the following four areas **[If Q1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"]** need the MOST assistance?

- 1 Safety **[read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** ability to work, volunteer, or engage in social activities?

Please read:

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

Do not read:

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

Please read:

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

Do not read:

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

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

9. Have **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "has this person"]** received treatment such as therapy or medications for confusion or memory loss?

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

10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert "you have;" otherwise, insert "this person has"]** Alzheimer's disease or some other form of dementia?

- 1 Yes, Alzheimer's Disease
- 2 Yes, some other form of dementia but not Alzheimer's Disease
- 3 No diagnosis has been given
- 7 Don't know / Not sure
- 8 Refused

NY State-Added Module 4A: HIV Testing Law

Next, I am going to ask you some questions about your recent medical care visits and whether you have been offered an HIV test in various settings.

1. During the past 12 months, have you received medical care at an inpatient unit of a hospital?

- 1 Yes
- 2 No [Go to Q03]
- 7 Don't know [Go to Q03]
- 9 Refused [Go to Q03]

2. Were you offered an HIV test while at an inpatient unit of a hospital?

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

3. During the past 12 months, have you received medical care at an emergency department of a hospital?

- 1 Yes
- 2 No [Go to Q05]
- 7 Don't know [Go to Q05]
- 9 Refused [Go to Q05]

4. Were you offered an HIV test while at an emergency department of a hospital?

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

Interviewer note: Question 5 is referencing primary care providers which include:

Physicians, physician assistants, nurse practitioners and nurse midwives in the following specialties:

- Family medicine
- General pediatrics
- Internal medicine
- Obstetrics or gynecology

Providers not considered to be primary care include physicians, physician assistants and nurse practitioners in the following specialties:

- Allergy and Immunology
- Anesthesiology
- Dermatology
- Cardiology
- Endocrinology
- Gastroenterology
- Oncology and Hematology
- Hospice and Palliative Medicine
- Nephrology
- Pulmonary Disease
- Rheumatology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology (E.N.T.)
- Psychiatry
- Radiology
- Surgery
- Urology

Other non-primary care providers include:

- Alternative therapists (e.g., acupuncturists, herbalists)
- Audiologists
- Dentists and orthodontists
- Nurses, nurse anesthetists and nurses aides
- Podiatrists
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language, exercise)

5. During the past 12 months, have you received medical care from a primary care provider?

- | | | |
|---|------------|--------------------|
| 1 | Yes | |
| 2 | No | [Go to Q07] |
| 7 | Don't know | [Go to Q07] |
| 9 | Refused | [Go to Q07] |

6. Were you offered an HIV test by your primary care provider?

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

7. During the past 12 months, have you received medical care from any other medical care providers?

Interviewer note: This could include, but is not limited to, mental health providers, urgent care centers and specialists referenced in List A.

- | | | |
|---|------------|-------------|
| 1 | Yes | |
| 2 | No | [Go to Q09] |
| 7 | Don't know | [Go to Q09] |
| 9 | Refused | [Go to Q09] |

List A:

- Allergy and Immunology
- Alternative therapists (e.g., acupuncturists, herbalists)
- Anesthesiology
- Audiologists
- Cardiology
- Dentists and orthodontists
- Dermatology
- Endocrinology
- Gastroenterology
- Hospice and Palliative Medicine
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- Nurses, nurse anesthetists and nurses aides
- Oncology and Hematology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology (E.N.T.)
- Podiatrists
- Psychiatry
- Pulmonary Disease
- Radiology
- Rheumatology
- Surgery
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language, exercise)
- Urology

8. Were you offered an HIV test by these medical care providers?

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

Cati note: Ask Q 09 if Q2, Q4, Q6 or Q8 = 1 (yes)

9. Did you accept the HIV test that was offered by any of these medical care providers?

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

NY State-Added Module 5AB: Hemoglobinopathies

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

1. Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia?

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SEE-mee-ah).

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know / Not sure
- 9 Refused

NY State-Added Module 6B: Hepatitis Prevention

1. Have you heard of hepatitis C?

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

Interviewer note: Hepatitis C is an infectious disease affecting the liver, caused by the hepatitis C virus (HCV). It is spread by blood-to-blood contact. It should not be confused with hepatitis A or hepatitis B both of which you can be vaccinated for.

2. Have you ever been tested for HCV? 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

NY State-Added Module 7B: Participation in Chronic Disease Self-Management

CATI NOTE: If Core Q5.1 or Q6.3 or Q7.1 or Q 7.2 or Q7.3 or Q7.4 or Q7.7 or Q7.8 or Q7.9 or Q7.11 or Q7.12 = 1 (Yes), continue. Otherwise, go to next module.

CATI note: To be asked of respondents who answered “yes” to any of the core/rotating core questions that ask if the respondent has been diagnosed with a chronic illness; otherwise skip to next section.

- o Diabetes
- o Heart Attack
- o Angina/Coronary Heart Disease
- o Stroke
- o Asthma
- o Arthritis (rotating core)
- o High Blood Pressure (rotating core)
- o High Cholesterol (rotating core)

The next question is about chronic illnesses, these are illnesses that last for more than 3 months, for example, asthma, diabetes, arthritis and heart disease.

1. You said that a medical professional has told you that you have or have had **[CATI NOTE: fill in illnesses from previous questions – heart attack, diabetes, asthma, heart disease, stroke...]**. During the last 12 months, have you taken a course or class to teach you **about** how to manage problems related to (this/these) chronic illness(es)?"

Interviewer notes: A course or class is defined as 6 weeks or more (in person or online)

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

NY State-Added Module 8B: Diabetes

To be asked following Core Q7.12; if respond is "Yes" (code=1)

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

2. 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 **[76 = 76 or more]**
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
4. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

NY State-Added Module 9B: Sodium

Now I'd like to ask you some questions about salt or sodium in the diet.

1. How important do you think it is to eat less salt or sodium in order to prevent getting high blood pressure?
- 1 Very important
 - 2 Important
 - 3 Somewhat important
 - 4 Not important at all
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
2. Do you think food companies and restaurants should be encouraged to reduce the amount of salt or sodium in the foods that they produce?
- 1 Strongly agree
 - 2 Agree
 - 3 Neutral
 - 4 Disagree
 - 5 Strongly disagree
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
3. Are you currently watching or reducing your sodium or salt intake?
- 1 Yes
 - 2 No
 - 7 Don't know/not sure
 - 9 Refused

NY State-Added Module 10B: High Blood Pressure Control

To be asked if response is “Yes” (code=1) for Core Q5.1

1. When is the last time you consulted your doctor or other health professional about your high blood pressure?
 - 1 Within the past six months,
 - 2 within the past year,
 - 3 within the past 2 years,
 - 4 two years or more,**Do not read:**
 - 7 Don't know / Not sure
 - 9 Refused
2. As far as you know is your blood pressure presently normal, under control or is it still high?
 - 1 Normal
 - 2 Under Control
 - 3 Still high**Do not read:**
 - 7 Don't know / Not sure
 - 9 Refused

NY State-Added Module 11B: Stroke Awareness

Which of the following do you think is a symptom of a stroke? For each, tell me “yes,” “no,” or you’re “not sure.”

1. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
5. (Do you think) severe headache with no known cause (is a symptom of a stroke?)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
6. If you thought someone was having a stroke, what is the first thing you would do?
Please read:
- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
- Or**
- 5 Do something else
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

NY State-Added Module 12B: Access to Fruits and Vegetables

1. When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?
- 1 Yes, in my community or neighborhood **[Go to next module]**
 - 2 No, someplace else
 - 7 Don't know / Not Sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?

Read only if necessary:

- 01 No stores in my community or neighborhood
- 02 Stores in my community or neighborhood have poor quality fruits and vegetables

- 03 Stores in my community or neighborhood are too expensive
- 04 Stores in my community or neighborhood have poor quality service
- 05 I feel uncomfortable in stores in my community or neighborhood
- 06 Don't cook
- 07 Don't eat fresh fruits or vegetables
- 08 Other (SPECIFY) _____
- 77 Don't know / Not sure
- 99 Refused

NY State-Added Module 13B: Fast Food and Calorie Posting

1. In an average week how often do you eat [eat in or take out] a meal from a fast-food place such as McDonald's, KFC, Taco Bell, or take out pizza places?

- 1 Never Go to next module
- 2 Less than once per week Go to next module
- 3 1-2 times a week
- 4 3-4 times a week
- 5 5 or more times a week
- Read only if necessary:**
- 7 Don't know / Not sure
- 9 Refused

2. The last time you ate or got take-out food from a fast food place did you see any information about the calories in the items on the menu?

- 1 Yes
- 2 No Go to next module
- 3 Never noticed, never looked Go to next module
- Do not read:**
- 7 Don't know / Not sure Go to next module
- 9 Refused Go to next module

3. Did you use the calorie information to help you decide what to buy?

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

NY State-Added Module 14B: Food Security/Social Context

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

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

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

Please read:

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

Do not read:

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

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---

Please read:

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

Do not read:

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

NY State-Added Module 15B: Neighborhood Perception and Environment

The following questions are about your neighborhood. A neighborhood is defined as an area within a 20 minute walk or a 5 to 10 minute drive from your home.

1. Overall, how would you rate your neighborhood as a place to walk or be physically active? Would you say...

Please read:

- 1 Very pleasant
- 2 Somewhat pleasant
- 3 Not very pleasant
- 4 Not at all pleasant

Do not read:

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

NY State-Added Module 16B: Air Conditioning

Please read: The next question is about air conditioning use.

1. Do you have air conditioning?

Interviewer note: if yes, probe for which answer

- 1 Yes, a central air conditioning system
- 2 Yes, 1 individual room unit
- 3 Yes, 2 or more types of cooling systems
- 4 No
- 7 Don't know
- 9 Refused

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

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	
3 0 Mountain climbing	7 1 Childcare
3 1 Mowing lawn	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 2 Paddleball	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 3 Painting/papering house	7 4 Karate/Martial Arts
3 4 Pilates	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 5 Racquetball	
3 6 Raking lawn	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 7 Running	
3 8 Rock Climbing	7 7 Don't know
3 9 Rope skipping	9 8 Other_____
4 0 Rowing machine exercise	9 9 Refused



2013

**Behavioral Risk Factor Surveillance System
Cell Questionnaire**

January 15, 2013

Behavioral Risk Factor Surveillance System 2013 Questionnaire

Table of Contents

Table of Contents	2
Core Sections	5
Section 1: Health Status	5
Section 2: Healthy Days — Health-Related Quality of Life	5
Section 3: Health Care Access	6
Section 4: Inadequate Sleep	7
Section 5: Hypertension Awareness	8
Section 6: Cholesterol Awareness	8
Section 7: Chronic Health Conditions	9
Section 8: Demographics	12
Section 9: Tobacco Use	19
Section 10: Alcohol Consumption	20
Section 11: Fruits and Vegetables	21
Section 12: Exercise (Physical Activity)	24
Section 13: Arthritis Burden	26
Section 14: Seatbelt Use	27
Section 15: Immunization	28
Section 16: HIV/AIDS	29
Optional Modules	31
Module 4AB: Health Care Access MRT (asked in Core)	31
Module 5B: Sugar Drinks	33
Module 9B: Arthritis Management	34
Module 13B: Colorectal Cancer Screening	35
Module 17A: Mental Illness and Stigma	36
Module 18B: Industry and Occupation	39
Module 20A: Random Child Selection	40
Module 21A: Childhood Asthma Prevalence	43
NY State-Added Section	44
NY State-Added Module 1A: Asthma Call-Back	44
NY State-Added Module 2AB: Health Care Access (type)	45
NY State-Added Module 3A: Cognitive Impairment	46
NY State-Added Module 4A: HIV Testing Law	49
NY State-Added Module 5AB: Hemoglobinopathies	52
NY State-Added Module 6B: Hepatitis Prevention	52
NY State-Added Module 7B: Participation in Chronic Disease Self-Management (asked in OM ?)	52
NY State-Added Module 8B: Diabetes	53
NY State-Added Module 9B: Sodium	54
NY State-Added Module 10B: High Blood Pressure Control	55
NY State-Added Module 11B: Stroke Awareness	55
NY State-Added Module 12B: Access to Fruits and Vegetables	56
NY State-Added Module 13B: Fast Food and Calorie Posting	57
NY State-Added Module 14B: Food Security/Social Context	57
NY State-Added Module 15B: Neighborhood Perception and Environment	58
NY State-Added Module 16B: Air Conditioning	59
Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)	60

Interviewer's Script

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

Is this 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
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

Core Sections

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

Section 1: Health Status

- 1.1** Would you say that in general your health is— (80)
- Please read:**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
- Or**
- 5 Poor
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

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

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (81–82)
- 8 8 Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

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

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

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

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

Section 3: Health Care Access

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

		(87)
1	Yes	[If PPHF state go to Module 4, Question 1, else continue]
2	No	
7	Don't know / Not sure	
9	Refused	

- 3.2** Do you have one person you think of as your personal doctor or health care provider?

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

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

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

(89)

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

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(90)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

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

Section 4: Inadequate Sleep

I would like to ask you about your sleep pattern.

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

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

(91-92)

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

Section 5: Hypertension Awareness

- 5.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (93)

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] |

- 5.2** Are you currently taking medicine for your high blood pressure? (94)

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

Section 6: Cholesterol Awareness

- 6.1** Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (95)

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

- 6.2** About how long has it been since you last had your blood cholesterol checked? (96)

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 |

6.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (97)

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

Section 7: 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."

7.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (98)

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

7.2 (Ever told) you had angina or coronary heart disease? (99)

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

7.3 (Ever told) you had a stroke? (100)

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

7.4 (Ever told) you had asthma? (101)

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

7.5 Do you still have asthma? (102)

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

7.6 (Ever told) you had skin cancer? (103)

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

7.7 (Ever told) you had any other types of cancer? (104)

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

7.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (105)

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

7.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (106)

- 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)

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

(107)

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

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

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

(108)

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

7.12 (Ever told) you have diabetes?
(109)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

CATI note: If Q7.12 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q7.12, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 8: Demographics

8.1 What is your age? (110-111)

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

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

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

Do not read:

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

8.3 Which one or more of the following would you say is your race? (116-143)

Interviewer Note: Select all that apply.

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

Please read:

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

Do not read:

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

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

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

Interviewer Note: If 04 (Asian) or 05 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

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

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

(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

Please read:

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

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

(148-149)

8 8 Number of children
 8 8 None
 9 9 Refused

8.8 What is the highest grade or year of school you completed? (150)

Read only if necessary:

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

Do not read:

- 9 Refused

8.9 Are you currently...? (151)

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

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

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

Read only if necessary:

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02

(\$15,000 to less than \$20,000)

0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)

0 1 Less than \$10,000 If “no,” code 02

0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

8.11 About how much do you weigh without shoes?

(154-157)

NOTE: If respondent answers in metrics, put “9” in column 148.

Round fractions up

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

8.12 About how tall are you without shoes?

(158-161)

NOTE: If respondent answers in metrics, put “9” in column 152.

Round fractions down

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

8.13 What county do you live in?

(162-164)

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

9 9 9 Refused

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

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

Questions 8.15 – 8.18 are not asked/skipped for Cell Survey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE: Include occasional use or use in certain circumstances.

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

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

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

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

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

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

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

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

- 1 Yes
- 2 No

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

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

(186)

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

Section 9: Tobacco Use

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

(187)

NOTE: 5 packs = 100 cigarettes

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

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

(188)

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

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

(189)

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

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

- 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

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

Snus (rhymes with 'goose')

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

(192)

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

Do not read:

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

Section 10: Alcohol Consumption

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

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

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

(196-197)

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

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

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

(198-199)

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

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

(200-201)

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

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.

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?"

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

(202-204)

1 _ _	Per day
2 _ _	Per week
3 _ _	Per month (300=less than one time per month)
5 5 5	Never
7 7 7	Don't know / Not sure
9 9 9	Refused

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

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

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

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

- 11.2** During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (205-207)
- | | |
|-------|--|
| 1 _ _ | Per day |
| 2 _ _ | Per week |
| 3 _ _ | Per month (300=less than one time 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.).

- 11.3** During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (208-210)

- | | |
|-------|--|
| 1 _ _ | Per day |
| 2 _ _ | Per week |
| 3 _ _ | Per month (300=less than one time 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.

- 11.4** During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (211-213)

1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month (300=less than one time 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.

- 11.5** During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (214-216)

1 _ _ Per day
 2 _ _ Per week
 3 _ _ Per month (300=less than one time 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 Ebusu, 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).

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

(217-219)

- | | | |
|---|-----|--|
| 1 | -- | Per day |
| 2 | -- | Per week |
| 3 | -- | Per month (300=less than one time 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.

Section 12: Exercise (Physical Activity)

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.

12.1 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?

(220)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q12.8] |
| 7 | Don't know / Not sure | [Go to Q12.8] |
| 9 | Refused | [Go to Q12.8] |

12.2. What type of physical activity or exercise did you spend the most time doing during the past month?

(221-222)

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

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

12.3 How many times per week or per month did you take part in this activity during the past month?

(223-225)

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

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

(226-228)

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

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

(229-230)

__	(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]

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

12.6 How many times per week or per month did you take part in this activity during the past month?

(231-233)

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

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (234-236)

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

12.8 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. (237-239)

1__ Times per week
 2__ Times per month
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 13: Arthritis Burden

If Q7.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (240)

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: Q13.2 should be asked of all respondents regardless of employment status.

13.2 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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”

If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

- 13.3** 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?

(242)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

- 13.4** 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.*

(243-244)

- Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Seatbelt Use

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

Please read:

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

Do not read:

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

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?

(246)

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** 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?

(247-252)

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

- 15.3** Since 2005, have you had a tetanus shot?
(253)

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

15.4 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? (254)

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

Section 16: HIV/AIDS

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

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (255)

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

16.2 Not including blood donations, in what month and year was your last HIV test? (256-261)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

CATI NOTE: If Core Q16.2 = within last 12 months continue, else go to optional module transition.

16.3 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? (262-263)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site

0 9	Emergency room
0 3	Hospital inpatient
0 4	Clinic
0 5	Jail or prison (or other correctional facility)
0 6	Drug treatment facility
0 7	At home
0 8	Somewhere else
7 7	Don't know / Not sure
9 9	Refused

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

Closing Statement

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 4AB: Health Care Access MRT (asked in Core)

- 1 Do you have Medicare? (298)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

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

- 2 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (299-312)
- (Select all that apply)

Please Read:

- 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

CATI Note: If PPHF State go to core 3.2

- 3 Other than cost, there are many other reasons people delay getting needed medical care.
- Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (313)

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 _____ (314-338)
specify

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

CATI Note: If PPHF State, go to core 3.4

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

4a In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (339)

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

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

4b About how long has it been since you last had health care coverage? (340)

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

5 How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (341-342)

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

6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (343)

- 1 Yes
- 2 No

Do not read:

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

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

(344)

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

Do not read

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

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

(345)

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

CATI Note: If PPHF state, Go to core section 4.

Module 5B: Sugar Drinks

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

1. 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.

Please read:

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.
(346-348)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

2. 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. (349-351)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month

Do not read:

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

Module 9B: Arthritis Management

CATI NOTE: If Core Q7.9 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (380)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (381)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (382)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (383)

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

Module 13B: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

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? (396)

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

2. How long has it been since you had your last blood stool test using a home kit? (397)

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

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? (398)

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

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? (399)

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

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (400)

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

Module 17A: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (418)

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

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time?

(419)

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

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

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

(420)

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

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

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

(421)

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

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

Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”

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

(422)

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

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

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

(423)

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

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

(424-425)

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

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

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

(426)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you **—agree** slightly or strongly, or **disagree** slightly or strongly?

(427)

Read only if necessary:

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

Do not read:

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

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

(428)

Read only if necessary:

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

Do not read:

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

INTERVIEWER

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

Module 18B: Industry and Occupation

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

Now I am going to ask you about your work.

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

- 1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (429-453)

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

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

[Record answer] _____
99 Refused

Or

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

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

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

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

[Record answer] _____
99 Refused

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

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (454-478)

[Record answer] _____
99 Refused

Or

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

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

[Record answer] _____
99 Refused

Module 20A: Random Child Selection

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

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

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

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

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child? (488-493)

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

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

2. Is the child a boy or a girl? (494)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (495-498)

- 1 No, not of Hispanic, Latino/a, or Spanish origin

If yes, ask: Are they...

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

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

Do not read:

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

4. Which one or more of the following would you say is the race of the child? (499-526)

(Select all that apply)

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

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

Do not read:

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

5. Which one of these groups would you say best represents the child's race? (527-528)

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

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

Do not read:

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

6. How are you related to the child? (529)

Please read:

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

Do not read:

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

Module 21A: Childhood Asthma Prevalence

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

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

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (530)

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

2. Does the child still have asthma? (531)

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

Asthma Call-Back Permission Script

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

(534)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

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

_____ Enter first name or initials

Asthma Call-Back Selection

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

(535)

- 1 Adult
- 2 Child

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

_____ Enter first name or initials

NY State-Added Section

NY State-Added Module 1A: Asthma Call-Back

If C07.4=1 (Adult lifetime=yes) or M21Q01=1 (childhood lifetime=yes)

1. "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 New York. 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, initials or nickname and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

(???)

- 1 Yes
- 2 No **[Go to next Module]**

If Q01 = 1:

2. Can I please have your first name, initials or nickname so we will know who to ask for when we call back?

_____ Enter name/initials/nickname (Cati only)

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

If Q01 = 1 and child selected:

3. Can I please have the child's first name, initials or nickname so we will know which child to ask about when we call back?

_____ Enter
name/initials/nickname (Cati only)

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

4. Are you the parent or guardian in the household who knows the most about (child)'s asthma? (???)
- | | | |
|---|-----------------------|-------------|
| 1 | Yes | [Go to Q06] |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

5. You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

_____ Enter
name/initials/nickname (Cati only)

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

IF Q04 = 1:

6. What is a good time to call you back? For example, evenings, days or weekends?

IF Q04 = 2:

6. What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?

_____ Time
(Cati only)

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

NY State-Added Module 2AB: Health Care Access (type)

Ask if C03Q01=1 (Core Section 3: Health Care Access Q1=Yes)

1. What type of health care coverage do you use to pay for most of your medical care?

Is it through: _____ coverage code ____
(Interviewer Note: If more than one, ask Which type do you use to pay for most of your medical care)

Please Read

- | | |
|-------|---|
| 01 | Your employer |
| 02 | Someone else's employer |
| 03 | A plan that you or someone else buys on your own |
| 04 | Medicare |
| 05 | Medicaid or Medical Assistance |
| 06 | Family Health Plus (State Sponsored Program) |
| 07 | The Military, Champus, TriCare or the VA(or Champ VA) |
| 08 | The Indian Health Service |
| | or |
| 09 | Some other source |
| ----- | |
| 88 | None |

77 Don't Know/Not Sure
99 Refused

Ask if C03Q01=2 (Section 3: Health Care Access Q1=No)

2. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

(Interviewer Note: If more than one, ask Which type do you use to pay for most of your medical care)

Coverage through

coverage code: __ __

Please Read

01 Your employer
02 Someone else's employer
03 A plan that you or someone else buys on your own
04 Medicare
05 Medicaid or Medical Assistance
06 Family Health Plus (State Sponsored Program)
07 The Military, Champus, TriCare or the VA(or Champ VA)
08 The Indian Health Service
or
09 Some other source

88 None
77 Don't Know/Not Sure
99 Refused

NY State-Added Module 3A: Cognitive Impairment

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This **does not refer** to occasionally forgetting your keys or the name of someone you recently met. This **refers to** things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact you or someone in your household.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

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

CATI NOTE: If 1 adult in household and Q1 = 1 (Yes), go to Q4; otherwise, go to next module.

CATI NOTE: If number of adults > 1, go to Q2.

2. **[If Q1 = 1];** Not including yourself], how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?

Number of people **[6 = 6 or more]**
8 NONE
7 Don't know / Not sure
9 Refused

CATI NOTE: If Q1 = 1 and Q2 > 6, go to Q4.

CATI NOTE: If number of adults > 1 and Q2 < 7; continue. Otherwise, go to next module.

CATI NOTE: If Q2 < 7; go to Q3. Otherwise, go to next module.

3. Of these people, please select the person who had the most recent birthday. How old is this person?

Read only if necessary:

- 0 1 Age 18-29
- 0 2 Age 30-39
- 0 3 Age 40-49
- 0 4 Age 50-59
- 0 5 Age 60-69
- 0 6 Age 70-79
- 0 7 Age 80-89
- 0 8 Age 90 +

Do not read:

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

CATI NOTE: If Q1 ≠ 1 (Yes); read: "For the next set of questions we will refer to the person you identified as 'this person'."

INTERVIEWER NOTE: Repeat definition only as needed: "For these questions, please think about confusion or memory loss that is happening more often or getting worse."

4. During the past 12 months, how often [If Q1 = 1 (Yes): insert "have you;" otherwise, insert "has this person"] given up household activities or chores [If Q1 = 1 (Yes): insert "you;" otherwise, insert "they"] used to do, because of confusion or memory loss that is happening more often or is getting worse?

Please read:

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

Do not read:

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

5. As a result of [If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"] confusion or memory loss, in which of the following four areas [If Q1 = 1 (Yes): insert "do you;" otherwise, insert "does this person"] need the MOST assistance?

- 1 Safety [read only if necessary: such as forgetting to turn off the stove

- or falling]
- 2 Transportation **[read only if necessary:** such as getting to doctor's appointments]
- 3 Household activities **[read only if necessary:** such as managing money or housekeeping]
- 4 Personal care **[read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn't need assistance in any area
- 7 Don't know / Not sure
- 9 Refused

6. During the past 12 months, how often has confusion or memory loss interfered with **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** ability to work, volunteer, or engage in social activities?

Please read:

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

Do not read:

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

7. During the past 30 days, how often **[If Q1 = 1 (Yes): insert "has;" otherwise, insert "have you,"]** a family member or friend provided any care or assistance for **[If Q1 = 1 (Yes): "you;" otherwise, insert "this person"]** because of confusion or memory loss?

Please read:

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

Do not read:

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

8. Has anyone discussed with a health care professional, increases in **[If Q1 = 1 (Yes): insert "your;" otherwise, insert "this person's"]** confusion or memory loss?

- 1 Yes
- 2 No

[Go to next module]

- 7 Don't know / Not sure **[Go to next module]**
 9 Refused **[Go to next module]**
9. Have **[If Q1 = 1 (Yes): insert "Have you;" otherwise, insert "has this person"]** received treatment such as therapy or medications for confusion or memory loss?
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused
10. Has a health care professional ever said that **[If Q1 = 1 (Yes): insert "you have;" otherwise, insert "this person has"]** Alzheimer's disease or some other form of dementia?
- 1 Yes, Alzheimer's Disease
 2 Yes, some other form of dementia but not Alzheimer's Disease
 3 No diagnosis has been given
 7 Don't know / Not sure
 8 Refused

NY State-Added Module 4A: HIV Testing Law

Next, I am going to ask you some questions about your recent medical care visits and whether you have been offered an HIV test in various settings.

1. During the past 12 months, have you received medical care at an inpatient unit of a hospital?
- 1 Yes
 2 No **[Go to Q03]**
 7 Don't know **[Go to Q03]**
 9 Refused **[Go to Q03]**
2. Were you offered an HIV test while at an inpatient unit of a hospital?
- 1 Yes
 2 No
 7 Don't know
 9 Refused
3. During the past 12 months, have you received medical care at an emergency department of a hospital?
- 1 Yes
 2 No **[Go to Q05]**
 7 Don't know **[Go to Q05]**
 9 Refused **[Go to Q05]**
4. Were you offered an HIV test while at an emergency department of a hospital?
- 1 Yes
 2 No

- 7 Don't know
9 Refused

Interviewer note: Question 5 is referencing primary care providers which include:

Physicians, physician assistants, nurse practitioners and nurse midwives in the following specialties:

- Family medicine
- General pediatrics
- Internal medicine
- Obstetrics or gynecology

Providers not considered to be primary care include physicians, physician assistants and nurse practitioners in the following specialties:

- Allergy and Immunology
- Anesthesiology
- Dermatology
- Cardiology
- Endocrinology
- Gastroenterology
- Oncology and Hematology
- Hospice and Palliative Medicine
- Nephrology
- Pulmonary Disease
- Rheumatology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology (E.N.T.)
- Psychiatry
- Radiology
- Surgery
- Urology

Other non-primary care providers include:

- Alternative therapists (e.g., acupuncturists, herbalists)
- Audiologists
- Dentists and orthodontists
- Nurses, nurse anesthetists and nurses aides
- Podiatrists
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language, exercise)

5. During the past 12 months, have you received medical care from a primary care provider?

- 1 Yes
2 No [Go to Q07]
7 Don't know [Go to Q07]
9 Refused [Go to Q07]

6. Were you offered an HIV test by your primary care provider?

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

7. During the past 12 months, have you received medical care from any other medical care providers?

Interviewer note: This could include, but is not limited to, mental health providers, urgent care centers and specialists referenced in List A.

- | | | |
|---|------------|-------------|
| 1 | Yes | |
| 2 | No | [Go to Q09] |
| 7 | Don't know | [Go to Q09] |
| 9 | Refused | [Go to Q09] |

List A:

- Allergy and Immunology
- Alternative therapists (e.g., acupuncturists, herbalists)
- Anesthesiology
- Audiologists
- Cardiology
- Dentists and orthodontists
- Dermatology
- Endocrinology
- Gastroenterology
- Hospice and Palliative Medicine
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- Nurses, nurse anesthetists and nurses aides
- Oncology and Hematology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology (E.N.T.)
- Podiatrists
- Psychiatry
- Pulmonary Disease
- Radiology
- Rheumatology
- Surgery
- Therapists (occupational, physical, radiation, recreational, respiratory, speech-language, exercise)
- Urology

8. Were you offered an HIV test by these medical care providers?

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

Cati note: Ask Q 09 if Q2, Q4, Q6 or Q8 = 1 (yes)

9. Did you accept the HIV test that was offered by any of these medical care providers?

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know |

9 Refused

NY State-Added Module 5AB: Hemoglobinopathies

Please read: The next question is about sickle cell trait, sickle cell disease, and thalassemia, which are inherited blood disorders that can be diagnosed by a blood test at birth or later in life.

1. Have you ever been told that you had sickle cell trait, sickle cell disease or thalassemia?

Interviewer Note: If “Yes”, probe for which type.

Interviewer Note: Thalassemia is pronounced (thal-a-SEE-mee-ah).

- 1 Yes, sickle cell trait
- 2 Yes, sickle cell disease
- 3 Yes, thalassemia
- 4 No
- 7 Don't know / Not sure
- 9 Refused

NY State-Added Module 6B: Hepatitis Prevention

1. Have you heard of hepatitis C?

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

Interviewer note: Hepatitis C is an infectious disease affecting the liver, caused by the hepatitis C virus (HCV). It is spread by blood-to-blood contact. It should not be confused with hepatitis A or hepatitis B both of which you can be vaccinated for.

2. Have you ever been tested for HCV? 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

NY State-Added Module 7B: Participation in Chronic Disease Self-Management

CATI NOTE: If Core Q5.1 or Q6.3 or Q7.1 or Q 7.2 or Q7.3 or Q7.4 or Q7.7 or Q7.8 or Q7.9 or Q7.11 or Q7.12 = 1 (Yes), continue. Otherwise, go to next module.

CATI note: To be asked of respondents who answered “yes” to any of the core/rotating core questions that ask if the respondent has been diagnosed with a chronic illness; otherwise skip to next section.

- o Diabetes
- o Heart Attack
- o Angina/Coronary Heart Disease
- o Stroke
- o Asthma
- o Arthritis (rotating core)
- o High Blood Pressure (rotating core)
- o High Cholesterol (rotating core)

The next question is about chronic illnesses, these are illnesses that last for more than 3 months, for example, asthma, diabetes, arthritis and heart disease.

1. You said that a medical professional has told you that you have or have had **[CATI NOTE: fill in illnesses from previous questions – heart attack, diabetes, asthma, heart disease, stroke...]**. During the last 12 months, have you taken a course or class to teach you about how to manage problems related to (this/these) chronic illness(es)?”

Interviewer notes: A course or class is defined as 6 weeks or more (in person or online)

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

NY State-Added Module 8B: Diabetes

To be asked following Core Q7.12; if respond is “Yes” (code=1)

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

2. 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 **[76 = 76 or more]**
- 8 8 None
- 9 8 Never heard of “A one C” test
- 7 7 Don't know / Not sure
- 9 9 Refused

3. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
4. Have you ever taken a course or class in how to manage your diabetes yourself?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

NY State-Added Module 9B: Sodium

Now I'd like to ask you some questions about salt or sodium in the diet.

1. How important do you think it is to eat less salt or sodium in order to prevent getting high blood pressure?
- 1 Very important
 - 2 Important
 - 3 Somewhat important
 - 4 Not important at all
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
2. Do you think food companies and restaurants should be encouraged to reduce the amount of salt or sodium in the foods that they produce?
- 1 Strongly agree
 - 2 Agree
 - 3 Neutral
 - 4 Disagree
 - 5 Strongly disagree
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
3. Are you currently watching or reducing your sodium or salt intake?
- 1 Yes
 - 2 No
 - 7 Don't know/not sure
 - 9 Refused

NY State-Added Module 10B: High Blood Pressure Control

To be asked if response is "Yes" (code=1) for Core Q5.1

1. When is the last time you consulted your doctor or other health professional about your high blood pressure?
 - 1 Within the past six months,
 - 2 within the past year,
 - 3 within the past 2 years,
 - 4 two years or more,

Do not read:

 - 7 Don't know / Not sure
 - 9 Refused
2. As far as you know is your blood pressure presently normal, under control or is it still high?
 - 1 Normal
 - 2 Under Control
 - 3 Still high

Do not read:

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

NY State-Added Module 11B: Stroke Awareness

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

1. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
5. (Do you think) severe headache with no known cause (is a symptom of a stroke?)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
6. If you thought someone was having a stroke, what is the first thing you would do?
Please read:
- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
- Or**
- 5 Do something else
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

NY State-Added Module 12B: Access to Fruits and Vegetables

1. When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?
- 1 Yes, in my community or neighborhood **[Go to next module]**
 - 2 No, someplace else
 - 7 Don't know / Not Sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?

Read only if necessary:

- 01 No stores in my community or neighborhood
- 02 Stores in my community or neighborhood have poor quality fruits and vegetables
- 03 Stores in my community or neighborhood are too expensive
- 04 Stores in my community or neighborhood have poor quality service
- 05 I feel uncomfortable in stores in my community or neighborhood

- 06 Don't cook
- 07 Don't eat fresh fruits or vegetables
- 08 Other (SPECIFY) _____
- 77 Don't know / Not sure
- 99 Refused

NY State-Added Module 13B: Fast Food and Calorie Posting

1. In an average week how often do you eat [eat in or take out] a meal from a fast-food place such as McDonald's, KFC, Taco Bell, or take out pizza places?

- 1 Never Go to next module
- 2 Less than once per week Go to next module
- 3 1-2 times a week
- 4 3-4 times a week
- 5 5 or more times a week
- Read only if necessary:**
- 7 Don't know / Not sure
- 9 Refused

2. The last time you ate or got take-out food from a fast food place did you see any information about the calories in the items on the menu?

- 1 Yes
- 2 No Go to next module
- 3 Never noticed, never looked Go to next module
- Do not read:**
- 7 Don't know / Not sure Go to next module
- 9 Refused Go to next module

3. Did you use the calorie information to help you decide what to buy?

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

NY State-Added Module 14B: Food Security/Social Context

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

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

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

Please read:

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

Do not read:

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

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---

Please read:

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

Do not read:

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

NY State-Added Module 15B: Neighborhood Perception and Environment

The following questions are about your neighborhood. A neighborhood is defined as an area within a 20 minute walk or a 5 to 10 minute drive from your home.

1. Overall, how would you rate your neighborhood as a place to walk or be physically active? Would you say...

Please read:

- 1 Very pleasant
- 2 Somewhat pleasant
- 3 Not very pleasant
- 4 Not at all pleasant

Do not read:

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

NY State-Added Module 16B: Air Conditioning

Please read: The next question is about air conditioning use.

1. Do you have air conditioning?

Interviewer note: if yes, probe for which answer

- 1 Yes, a central air conditioning system
- 2 Yes, 1 individual room unit
- 3 Yes, 2 or more types of cooling systems
- 4 No
- 7 Don't know
- 9 Refused

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

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	7 7 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	

Attachment 6 2013 Adult BRFSS Asthma Call-Back Questionnaire

NOTE: The only changes for 2013 are to medication lists

**BRFSS/ASTHMA SURVEY
ADULT QUESTIONNAIRE - 2013
CATI SPECIFICATIONS**

Section	Subject	Page
Section 1	Introduction.....	02
Section 2	Informed Consent.....	03
Section 3	Recent History.....	06
Section 4	History of Asthma (Symptoms & Episodes).....	08
Section 5	Health Care Utilization.....	11
Section 6	Knowledge of Asthma/Management Plan.....	16
Section 7	Modifications to Environment.....	18
Section 8	Medications.....	22
Section 9	Cost of Asthma Care	33
Section 10	Work Related Asthma	35
Section 11	Comorbid Conditions.....	38
Section 12	Complimentary and Alternative Therapies.....	39
Appendix A:	Coding Notes and Pronunciation Guide.	41

CATI Programmers: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

Hello, my name is _____. I’m calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I’m calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

{Read the statement below ONLY if you’re conducting the survey via a cellphone}

Is this a safe time to talk with you now or are you driving? (STATES HAVE THE OPTION OF INCLUDING THIS TEXT HERE OR AT THE END OF THE SURVEY INTRO BELOW.)

1.1 Are you {sample person’s name}?

1. Yes (go to informed consent)
2. No

1.2 May I speak with {sample person’s name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No

If not available set time for return call in 1.3

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I’m calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview you indicated that you had asthma and would be able to complete the follow-up interview on asthma at this time.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview you indicated that you would be able to complete the follow-up interview at this time.

Section 2: Informed Consent

INFORMED CONSENT

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

You were selected to participate in this study about asthma because of your responses to questions in a prior survey.

[If "yes" to lifetime and "no" to still in Core BRFSS survey, read:]

Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. [Go to section 3]

[If "yes" to lifetime and "yes" to still in Core BRFSS survey, read:]

Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. [Go to section 3]

REPEAT (2.0) (Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)

Ask:

Is this {sample person's name} and are you {sample person's age} years old?

1. Yes [continue to EVER_ASTH (2.1)]
2. No
 - a. Correct person is available and can come to phone [return to question 1.1]
 - b. Correct person is not available [return to question 1.3 to set call date/time]
 - c. Correct person unknown, interview ends [disposition code 306 is assigned]

EVER_ASTH (2.1) I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

Have you ever been told by a doctor or other health professional that you have asthma?

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) Do you still have asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: You do qualify for this study, I'd like to continue unless you have any questions.

You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

[If YES to 2.2 read:]

Since you have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

[If NO to 2.2 read:]

Since you do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

[If Don't know or refused to 2.2 read:]

Since you are not sure if you have asthma now, your interview will probably last about 10 minutes. **[Go to section 3]**

Some states may require the following section before going to section 3:

READ: Some of the information that you shared with us when we called you before could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the survey you did a few weeks ago?

- (1) YES (Skip to Section 3)
- (2) NO (GO TO TERMINATE)
- (7) DON'T KNOW (GO TO TERMINATE)
- (9) REFUSED (GO TO TERMINATE)

TERMINATE:

Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 - xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as “211 Sel. Resp. ref. combine ans.” Selected Respondent refused combining responses with BRFSS” and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Section 3. Recent History

AGEDX (3.1) **How old were you when you were first told by a doctor or other health professional that you had asthma?**

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

_____(ENTER AGE IN YEARS)

[RANGE CHECK: 001-115, 777, 888, 999]

(777) DON'T KNOW

(888) under one year old

(999) REFUSED

[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]

[CATI CHECK:

IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT

IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]

INCIDENT (3.2) **How long ago was that? Was it .." READ CATEGORIES**

(1) Within the past 12 months

(2) 1-5 years ago

(3) more than 5 years ago

(7) DON'T KNOW

(9) REFUSED

LAST_MD (3.3) **How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in your doctor's office, the hospital, an emergency room or urgent care center.**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]

(88) NEVER

(04) WITHIN THE PAST YEAR

(05) 1 YEAR TO LESS THAN 3 YEARS AGO

(06) 3 YEARS TO 5 YEARS AGO

(07) MORE THAN 5 YEARS AGO

(77) DON'T KNOW

(99) REFUSED

LAST_MED (3.4) **How long has it been since you last took asthma medication?**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(88) NEVER

(01) LESS THAN ONE DAY AGO

(02) 1-6 DAYS AGO

(03) 1 WEEK TO LESS THAN 3 MONTHS AGO

(04) 3 MONTHS TO LESS THAN 1 YEAR AGO

(05) 1 YEAR TO LESS THAN 3 YEARS AGO

- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **you do not** have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since you last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue

IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)

IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)

IF LASTSYMP = 77, 99 then continue

SYMP_30D (4.1) During the past 30 days, on how many days did you have any symptoms of asthma?

___ DAYS

[RANGE CHECK: (01-30, 77, 88, 99)]

CLARIFICATION: [1-29, 77, 99] [SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS_INT]

(30) EVERY DAY [CONTINUE]

(77) DON'T KNOW [SKIP TO 4.3 ASLEEP30]

(99) REFUSED [SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2) Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

___ DAYS/NIGHTS

[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE

(30) EVERY DAY (Added 1/24/08)

(77) DON'T KNOW

(99) REFUSED

SYMPFREE (4.4) **During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?**

__ __ Number of days

[RANGE CHECK: (01-14, 77, 88, 99)]

(88) NONE

(77) DON'T KNOW

(99) REFUSED

EPIS_INT

IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5) **During the past 12 months, have you had an episode of asthma or an asthma attack?**

(1) YES

(2) NO

[SKIP TO INS1 (section 5)]

(7) DON'T KNOW

[SKIP TO INS1 (section 5)]

(9) REFUSED

[SKIP TO INS1 (section 5)]

EPIS_TP (4.6) **During the past three months, how many asthma episodes or attacks have you had?**

__ __ __

[RANGE CHECK: (001-100, 777, 888, 999)]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7) How long did your MOST RECENT asthma episode or attack last?

- 1__ Minutes
- 2__ Hours
- 3__ Days
- 4__ Weeks
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up

If answer is #.01 to #.49 ignore fractional part

ex. 1.5 should be recorded as 2

1.25 should be recorded as 1

COMPASTH (4.8) Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- | | |
|----------------|--------------------|
| (1) YES | [continue] |
| (2) NO | [SKIP TO NER_TIME] |
| (7) DON'T KNOW | [SKIP TO NER_TIME] |
| (9) REFUSED | [SKIP TO NER_TIME] |

INS2 (5.02) During the past 12 months was there any time that you did not have any health insurance or coverage?

- (1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED “NEVER” (88) OR “MORE THAN ONE YEAR AGO” (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST_MD (3.3)), TAKING ASTHMA MEDICATION (LAST_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND**

**(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above “if” statement can also be restated in different words as:

**IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5 otherwise skip to Section 6)**

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue with Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above “if” statement can also be restated in different words as:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5; otherwise skip to Section 6)**

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

NER_TIME (5.1) [IF LAST_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS_DAY]

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

__ __ __ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

ER_VISIT (5.2) **An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma?**

(1) YES

(2) NO

[SKIP TO URG_TIME]

(7) DON'T KNOW

[SKIP TO URG_TIME]

(9) REFUSED

[SKIP TO URG_TIME]

ER_TIMES (5.3) **During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?**

__ __ __ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.4) **[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]**

During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

__ __ __ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

HOSP_VST (5.5)

**[IF LASTSYMP ≥ 5 AND ≤ 7 , SKIP TO MISS_DAY
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]**

During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room.

(1) YES

(2) NO

[SKIP TO MISS_DAY]

(7) DON'T KNOW

[SKIP TO MISS_DAY]

(9) REFUSED

[SKIP TO MISS_DAY]

HOSPTIME (5.6A)

During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?

___ TIMES

[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO "NO"]

HOSPPLAN (5.7)

The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]

MISS_DAY (5.8A)

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

[INTERVIEWER: If response is, "I don't work", emphasize USUAL ACTIVITIES"]

___ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

ACT_DAYS30 (5.9)

During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

(1) NOT AT ALL

(2) A LITTLE

(3) A MODERATE AMOUNT

(4) A LOT

(7) DON'T KNOW

(9) REFUSED

Section 6. Knowledge of Asthma/Management Plan

- TCH_SIGN (6.1)** **Has a doctor or other health professional ever taught you...**
- a. How to recognize early signs or symptoms of an asthma episode?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_RESP (6.2)** **Has a doctor or other health professional ever taught you...**
- b. What to do during an asthma episode or attack?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_MON (6.3)** **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you...**
- c. How to use a peak flow meter to adjust your daily medications?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- MGT_PLAN (6.4)** **An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.**
- Has a doctor or other health professional EVER given you an asthma action plan?**
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

MGT_CLAS (6.5)

Have you ever taken a course or class on how to manage your asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

Section 7. Modifications to Environment

HH_INT **READ:** The following questions are about your household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1) **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**

Is an air cleaner or purifier regularly used inside your home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DEHUMID (7.2) **A dehumidifier is a small, portable appliance which removes moisture from the air.**

Is a dehumidifier regularly used to reduce moisture inside your home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

KITC_FAN (7.3) **Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

COOK_GAS (7.4) **Is gas used for cooking?**

- (1) Yes
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_MOLD (7.5) **In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_PETS (7.6) Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

- (1) YES
- (2) NO (SKIP TO 7.8)
- (7) DON'T KNOW (SKIP TO 7.8)
- (9) REFUSED (SKIP TO 7.8)

PETBEDRM (7. 7) Are pets allowed in your bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T
- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen a cockroach inside your home?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that rodents may be a cause of asthma.

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in your home?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.11) Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: “Unvented” means no chimney or the chimney flue is kept closed during operation.

S_INSIDE (7.12) **In the past week, has anyone smoked inside your home?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: “The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc.”

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about you.

Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) **Do you use a mattress cover that is made especially for controlling dust mites?**

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

E_PILLOW (7.15) **Do you use a pillow cover that is made especially for controlling dust mites?**

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special

fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are your sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT
- DO NOT READ**
- (4) VARIES
- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In your bathroom, do you regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) [IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.

Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

INHALERE (8.2) Have you ever used a prescription inhaler?

- (1) YES
- (2) NO [SKIP TO SCR_MED1]
- (7) DON'T KNOW [SKIP TO SCR_MED1]
- (9) REFUSED [SKIP TO SCR_MED1]

INHALERH (8.3) Did a doctor or other health professional show you how to use the inhaler?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4) Did a doctor or other health professional watch you use the inhaler?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

SCR_MED1 (8.5) [IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get your medicines so you can read the labels.
Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH_SCR]
- (7) DON'T KNOW [SKIP TO INH_SCR]
- (9) REFUSED [SKIP TO INH_SCR]

SCR_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO
- (7) DON'T KNOW
- (9) REFUSED

INH_SCR (8.8) [IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]
In the past 3 months have you taken prescription asthma medicine using an inhaler?

- (1) YES
- (2) NO [SKIP TO PILLS]
- (7) DON'T KNOW [SKIP TO PILLS]
- (9) REFUSED [SKIP TO PILLS]

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions **ILP03 (8.13)** to **ILP10 (8.19)** is not asked for that response. (typo corrected)

In the past 3 months, what prescription asthma medications did you take by inhaler?
[MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: The top ten items (in bold below) should be highlighted in the CATI system if possible

so they can be found more easily.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air -row-bid)
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ōl (or al- BYOO -ter-ole) sāl-byū'tā-mōl'
04	Alupent	al -u-pent
43	Alvesco (+ <u>Ciclesonide</u>)	al-ves-co
40	Asmanex (twisthaler)	as-muh -neks twist -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo- meth 'ah-son dī' pro 'pe-o-nāt (or be-kloe- meth -a-sone)
08	Beclovent	be' klo-vent" (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
40	Brethaire Discontinued - Delete	breth-air
11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	<u>Foradil</u>	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
48	Intel Discontinued - Delete	in-tel
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- BYOU -ter-ohl
20	Maxair	măk -sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe - MET -a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul -ma-cort flex -hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol</u> (or Albuterol)	sāl-byū'tā-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline</u> (+ T. sulfate)	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29	Tilade Discontinued - Delete	tie-laid
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ē-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]

(88) NO PRESCRIPTION INHALERS	[SKIP TO PILLS]
(77) DON'T KNOW	[SKIP TO PILLS]
(99) REFUSED	[SKIP TO PILLS]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO ILP03 AS NECESSARY TO ADMINISTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 44 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]

SKIP before ILP03

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

- (1) YES
- (2) NO
- (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- (4) Medication has a built-in spacer/does not need a spacer
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]

ILP04 (8.14) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

ILP05 (8.15) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP06 (8.16) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

ILP08 (8.18) How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?

- 3 _ _ Times per DAY [RANGE CHECK: (>10)]
- 4 _ _ Times per WEEK [RANGE CHECK: (>75)]
- 5 5 5 Never
- 6 6 6 LESS OFTEN THAN ONCE A WEEK
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19) How many canisters of [MEDICINE FROM INH_MEDS SERIES] have you used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

- (77) DON'T KNOW
- (88) NONE
- (99) REFUSED

[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT

INHALERS.]

PILLS (8.20)

In the past 3 months, have you taken any prescription medicine in pill form for your asthma?

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

[SKIP TO SYRUP]

(9) REFUSED

[SKIP TO SYRUP]

PILLS_MD (8.21)

For the following pills, the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications do you take in pill form?

[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred-NISS-oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab
66	Other, please specify	[SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILL01]

(88) NO PILLS

[SKIP TO SYRUP]

(77) DON'T KNOW

[SKIP TO SYRUP]

(99) REFUSED

[SKIP TO SYRUP]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

ENTER OTHER MEDICATION IN TEXT FIELD

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILL01]

PILL01 (8.22) **In the past 3 months, did you take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SYRUP (8.23) **In the past 3 months, have you taken any prescription asthma medication in syrup form?**

- (1) YES
- (2) NO **[SKIP TO NEB_SCR]**

- (7) DON'T KNOW **[SKIP TO NEB_SCR]**
- (9) REFUSED **[SKIP TO NEB_SCR]**

SYRUP_ID (8.24) **For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).**

What prescription asthma medications have you taken as a syrup?

[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proc-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

66	Other, Please Specify:	[SKIP TO OTH_S1]
----	------------------------	------------------

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

(88) NO SYRUPS	[SKIP TO NEB_SCR]
(77) DON'T KNOW	[SKIP TO NEB_SCR]
(99) REFUSED	[SKIP TO NEB_SCR]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

ENTER OTHER MEDICATION.

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8. 25) **Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your prescription asthma medicines used with a nebulizer?**

(1) YES	
(2) NO	[SKIP TO Section 9]
(7) DON'T KNOW	[SKIP TO Section 9]
(9) REFUSED	[SKIP TO Section 9]

NEB_PLC (8.26) **I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did you use a nebulizer...**

(8.26a) **AT HOME**
(1) YES (2) NO (7) DK (9) REF

(8.26b) **AT A DOCTOR'S OFFICE**
(1) YES (2) NO (7) DK (9) REF

(8.26c) **IN AN EMERGENCY ROOM**
(1) YES (2) NO (7) DK (9) REF

(8.26d) **AT WORK OR AT SCHOOL**
(1) YES (2) NO (7) DK (9) REF

(8.26e) **AT ANY OTHER PLACE**
(1) YES (2) NO (7) DK (9) REF

NEB_ID (8.27) **For the following nebulizers, the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).**

In the past 3 months, what prescriptions asthma medications have you taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	at-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
17	Combivent Inhalation solution	com-bi-vent
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-form-ist
12	Proventil	pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

(88) NO Nebulizers
(77) DON'T KNOW
(99) REFUSED

[SKIP TO Section 9]
[SKIP TO Section 9]
[SKIP TO Section 9]

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

ENTER OTHER MEDICATION

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_18) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN NEB_ID] FOR QUESTION NEB01 to NEB03]

NEB01 (8.28) In the past 3 months, did you take [MEDICINE FROM NEB_MEDS SERIES] when you had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

NEB02 (8.29) In the past 3 months, did you take [MEDICINE FROM NEB_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

NEB03 (8.30) How many times per day or per week do you use [MEDICINE FROM NEB_MEDS SERIES]?

- 3__ __ DAYS
- 4__ __ WEEKS

- (555) NEVER
- (666) LESS OFTEN THAN ONCE A WEEK

- (777) DON'T KNOW / NOT SURE
- (999) REFUSED

Section 9. Cost of Care

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF BRFSS core value for 9.2 “Do you still have asthma?” = 1 (Yes), then continue with section 9.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF CUR_ASTH (2.2) = 1 (Yes) then continue with section 9.

ASMDCOST (9.1) Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ASRXCOST (9.3) **Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 10. Work Related Asthma

EMP_STAT (10.1) Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say ...

[INTERVIEWER: Include self employed as employed. Full time is 35+ hours per week.]

(1) EMPLOYED FULL-TIME **[SKIP TO WORKENV5 (10.4)]**
(2) EMPLOYED PART-TIME **[SKIP TO WORKENV5 (10.4)]**
(3) NOT EMPLOYED

(7) DON'T KNOW **[SKIP TO EMPL_EVER1 (10.3)]**
(9) REFUSED **[SKIP TO EMPL_EVER1 (10.3)]**

UNEMP_R (10.2) What is the main reason you are not now employed?

(01) KEEPING HOUSE
(02) GOING TO SCHOOL
(03) RETIRED
(04) DISABLED
(05) UNABLE TO WORK FOR OTHER HEALTH REASONS
(06) LOOKING FOR WORK
(07) LAID OFF
(08) OTHER

(77) DON'T KNOW
(99) REFUSED

EMP_EVER1 (10.3) Have you ever been employed?

[INTERVIEWER: Code self employed as "YES".]

(1) YES **[SKIP TO WORKENV7 (10.6)]**
(2) NO **[SKIP TO SECTION 11]**

(7) DON'T KNOW **[SKIP TO SECTION 11]**
(9) REFUSED **[SKIP TO SECTION 11]**

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO skip to 10.5; otherwise continue with 10.4

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) then continue with question 10.4.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO skip to 10.5; otherwise continue with 10.4

IF CUR_ASTH (2.2) = 1 (Yes) continue with question 10.4.

WORKENV5 (10.4) **Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.**

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV6 (10.5) **Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[SKIP TO WORKTALK (10.9)]

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV7 (10.6) **[READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]**
Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

- WORKENV8 (10.7)** **Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- [HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]**
- SKIP BEFORE 10.8** **[ASK 10.8 ONLY IF:
WORKENV7 (10.6) = 1 (YES) OR
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]**
- WORKQUIT1 (10.8)** **Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- [INTERVIEWER: RESPONDENTS WHO WERE FIRED BECAUSE THINGS IN THE WORKPLACE AFFECTED THEIR ASTHMA SHOULD BE CODED AS "YES".]**
- WORKTALK (10.9)** **Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- WORKSEN3 (10.10)** **Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- WORKSEN4 (10.11)** **Have YOU ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?**
- (1) YES
(2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 11. Comorbid Conditions

We have just a few more questions. Besides asthma we are interested in some other medical conditions you may have.

COPD (11.1) Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

EMPHY (11.2) Have you ever been told by a doctor or other health professional that you have emphysema?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

BRONCH (11.3) Have you ever been told by a doctor or other health professional that you have Chronic Bronchitis?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Chronic Bronchitis is repeated attacks of bronchitis over a long period of time. Chronic Bronchitis is not the type of bronchitis you might get occasionally with a cold.]

DEPRESS (11.4) Have you ever been told by a doctor or other health professional that you were depressed?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

Section 12. Complimentary and Alternative Therapy

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO skip to CWEND; otherwise continue with section 12

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue with section 12.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO skip to CWEND; otherwise continue with section 12

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 12.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if you have used it to control your own asthma in the past 12 months. Answer “no” if you have not used it in the past 12 months.

In the past 12 months, have you used ... to control your asthma?
 [interviewer: repeat prior phrasing as needed]

CAM_HERB (12.1)	herbs	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (12.2)	vitamins	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (12.3)	acupuncture	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PRES (12.4)	acupressure	(1) YES	(2) NO	(7) DK	(9) REF
CAM_AROM (12.5)	aromatherapy	(1) YES	(2) NO	(7) DK	(9) REF

CAM_HOME (12.6)	homeopathy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_REFL (12.7)	reflexology	(1) YES	(2) NO	(7) DK	(9) REF
CAM_YOGA (12.8)	yoga	(1) YES	(2) NO	(7) DK	(9) REF
CAM_BR (12.9)	breathing techniques	(1) YES	(2) NO	(7) DK	(9) REF
CAM_NATR (12.10)	naturopathy	(1) YES	(2) NO	(7) DK	(9) REF

[INTERVIEWER: If respondent does not recognize the term “naturopathy” the response should be no”]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (12.11) Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?

- (1) YES
- (2) NO [SKIP TO CWEND]
- (7) DON'T KNOW [SKIP TO CWEND]
- (9) REFUSED [SKIP TO CWEND]

CAM_TEXT (12.13) What else have you used?

[100 ALPHANUMERIC CHARACTER LIMIT]

ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CWEND Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 – xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again.

Appendix A: Coding Notes and Pronunciation Guide

Coding Notes:

- 1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Resp. was misdiagnosed; never had asthma” as a final code and terminate the interview.
- 2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.
- 3) CATI Programmer’s note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If “Other” has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanax or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators’ upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tə-môl'
04	Alupent	al-u-pent
43	Alvesco	al-ves-co
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent" (or be-klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
40	Brethaire	breth-air
11	<u>Budesonide</u>	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)

17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
48	Intel	in-tel
19	<u>Ipratropium Bromide</u>	ip-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- BYOU -ter-ohl
20	Maxair	măk -sâr
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro" ven -til' (or pro- vent -il)
25	Pulmicort Flexhaler	pul -ma-cort flex -hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tā-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29	Tilade	tie-laid
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ě-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	<u>Albuterol</u>	ăl'- bu 'ter-ôl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ë-nôl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred-NISS-oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respird	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	āl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

NEB_ID

	Medication	Pronunciation
01	<u>Albuterol</u>	āl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>

Attachment 7 2013 NYS Child BRFSS Asthma Call-Back Questionnaire

NOTE: The only changes for 2013 are to medication lists

**BRFSS/ASTHMA SURVEY
CHILD QUESTIONNAIRE - 2012
CATI SPECIFICATIONS**

Section	Subject	Page
Section 1	Introduction.....	02
Section 2	Informed Consent.....	03
Section 3	Recent History.....	04
Section 4	History of Asthma (Symptoms & Episodes).....	06
Section 5	Health Care Utilization.....	09
Section 6	Knowledge of Asthma/Management Plan.....	14
Section 7	Modifications to Environment.....	16
Section 8	Medications.....	20
Section 9	Cost of Care.....	31
Section 10	School Related Asthma	33
Section 11	Complimentary and Alternative Therapy	38
Section 12	Additional Child Demographics	40
Appendix A:	Language for Identifying Most Knowledgeable Person... during the BRFSS interview.....	42
Appendix B:	Language for Identifying Most Knowledgeable Person... at the Call-back.....	49
Appendix C:	Coding Notes and Pronunciation Guide.	57

[CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

{Read the statement below ONLY if you’re conducting the survey via a cellphone}

***Is this a safe time to talk with you now or are you driving?* (STATES HAVE THE OPTION OF INCLUDING THIS TEXT HERE OR AT THE END OF THE SURVEY INTRO BELOW.)**

Section 1. Introduction

For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.

For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix B.

Section 2. Informed Consent

For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.

For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix B.

Section 3. Recent History

AGEDX (3.1) **How old was {child's name} when a doctor or other health professional first said {he/she} had asthma**

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD]

_____(ENTER AGE IN YEARS)

[RANGE CHECK: IS 001-018, 777, 888, 999]

(777) DON'T KNOW

(888) Under 1 year old

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]

INCIDENT (3.2) **How long ago was that? Was it...**

READ CATEGORIES

(1) Within the past 12 months

(2) 1-5 years ago

(3) more than 5 years ago

(7) DON'T KNOW

(9) REFUSED

LAST_MD (3.3) **How long has it been since you last talked to a doctor or other health professional about {child's name} asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(88) NEVER

(04) WITHIN THE PAST YEAR

(05) 1 YEAR TO LESS THAN 3 YEARS AGO

(06) 3 YEARS TO 5 YEARS AGO

(07) MORE THAN 5 YEARS AGO

(77) DON'T KNOW

(99) REFUSED

LAST_MED (3.4) **How long has it been since {he/she} last took asthma medication?**

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(88) NEVER

(01) LESS THAN ONE DAY AGO

(02) 1-6 DAYS AGO

- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {child's name} **did not** have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since {he/she} last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 5, 6, 7 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue

SYMP_30D (4.1) During the past 30 days, on how many days did {child's name} have any symptoms of asthma?

__ __ DAYS

[RANGE CHECK: (01-30, 77, 88, 99)]

CLARIFICATION: [1-29, 77, 99]

[SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS

[SKIP TO EPIS_INT]

(30) EVERY DAY

[CONTINUE]

(77) DON'T KNOW

[SKIP TO 4.3 ASLEEP30]

(99) REFUSED

[SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2) Does { he/she } have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for { him/her } to stay asleep?

__ __ DAYS/NIGHTS

[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE

(30) Every day

(77) DON'T KNOW

(99) REFUSED

SYMPFREE (4.4) **During the past two weeks, on how many days was {child's name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?**

__ __ Number of days

[RANGE CHECK: (01-14, 77, 88, 99)]

(88) NONE

(77) DON'T KNOW

(99) REFUSED

EPIS_INT

**IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4)
PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND
REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL**

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5) **During the past 12 months' has {child's name} had an episode of asthma or an asthma attack?**

(1) YES

(2) NO

[SKIP TO INS1 in Section 5]

(7) DON'T KNOW

[SKIP TO INS1 in Section 5]

(9) REFUSED

[SKIP TO INS1 in Section 5]

EPIS_TP (4.6)

During the past three months, how many asthma episodes or attacks has { he/she } had?

__ __

[RANGE CHECK: (001-100, 777, 888, 999)]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7)

How long did {his/her} MOST RECENT asthma episode or attack last?

1__ Minutes

2__ Hours

3__ Days

4__ Weeks

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Interviewer note:

 If answer is #.5 to #.99 round up

 If answer is #.01 to #.49 ignore fractional part

 ex. 1.5 should be recorded as 2

 1.25 should be recorded as 1

COMPASTH (4.8) Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.1) Does {child's name} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

(1) YES

[continue]

(2) NO

[SKIP TO FLU_SHOT]

(7) DON'T KNOW

[SKIP TO FLU_SHOT]

(9) REFUSED

[SKIP TO FLU_SHOT]

INS_TYP (5.2) What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

(1) parent's employer

(2) medicaid/medicare

(3) CHIP {replace with state specific name}

(4) Other

(7) DON'T KNOW

(9) REFUSED

INS2 (5.3) During the past 12 months was there any time that { he/she } did not have any health insurance or coverage?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

FLU_SHOT (5.4) A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

FLU_SPRAY (5.5) A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in his/her nose?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees (1. Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.

The above “if” statement can also be restated in different words as:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), continue to Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
 (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
 THEN SKIP TO Section 6; otherwise continue with Section 5.

The above “if” statement can also be restated in different words as:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) **AND**
 ((LAST_MD = 4) **OR**
 (LAST_MED = 1, 2, 3 or 4) **OR**
 (LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5; otherwise skip to Section 6)

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

ACT_DAYS30 (5.6) During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT
- (7) DON’T KNOW
- (9) REFUSED

NER_TIME (5.7) [IF LAST_MD= 88, 05, 06, 07; SKIP TO Section 6 {renamed from NR_Times}
 (have not seen a doctor in the past 12 months)]

During the past 12 months how many times did {he/she} see a doctor or other health professional for a routine checkup for {his/her} asthma?

__ __ __ ENTER NUMBER
 [RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888, AND 999 WERE NOT THE INTENT]

- (888) NONE
- (777) DON’T KNOW
- (999) REFUSED

ER_VISIT (5.8) An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child’s name} had to visit an emergency room or urgent care center because of {his/her} asthma?

- (1) YES
 (2) NO [SKIP TO URG_TIME]
 (7) DON'T KNOW [SKIP TO URG_TIME]
 (9) REFUSED [SKIP TO URG_TIME]

ER_TIMES (5.9) During the past 12 months, how many times did{ he/she } visit an emergency room or urgent care center because of {his/her} asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

- (888) ZERO (skip back to 5.8)
 (777) DON'T KNOW
 (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.8 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.9 ALLOW LOOPING BACK TO CORRECT 5.8 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.10) [IF ONE OR MORE ER VISITS (ER_VISIT (5.8) = 1) INSERT "Besides those emergency room or urgent care center visits,"]

During the past 12 months, how many times did {child's name} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack?

__ __ __ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

- (888) NONE
 (777) DON'T KNOW
 (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

**[IF LASTSYMP ≥ 5 AND ≤ 7 , SKIP TO Section 6
IF LASTSYMP=88 (NEVER), SKIP TO Section 6]**

During the past 12 months, that is since [1 YEAR AGO TODAY], has {child's name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room.

- (1) YES
(2) NO [SKIP TO Section 6]
(7) DON'T KNOW [SKIP TO Section 6]
(9) REFUSED [SKIP TO Section 6]

During the past 12 months, how many different times did {he/she} stay in any hospital overnight or longer because of {his/her} asthma?

_____TIMES

[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

- (777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.11 IS “YES” AND RESPONDENT SAYS NONE OR ZERO TO 5.12 ALLOW LOOPING BACK TO CORRECT 5.11 TO “NO”]

The last time {he/she} left the hospital, did a health professional TALK with you or {child's name} about how to prevent serious attacks in the future?

- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED

HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states “talk with you”. |

Section 6. Knowledge of Asthma/Management Plan

- TCH_SIGN (6.1)** **Has a doctor or other health professional ever taught you or {child's name}...**
- a. How to recognize early signs or symptoms of an asthma episode?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_RESP (6.2)** **Has a doctor or other health professional ever taught you or {child's name}...**
- b. What to do during an asthma episode or attack?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- TCH_MON (6.3)** **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child's name}...**
- c. How to use a peak flow meter to adjust his/her daily medications?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
-
- MGT_PLAN (6.4)** **An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.**

Has a doctor or other health professional EVER given you or {child's name}....an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

MGT_CLAS (6.5)

Have you or {child's name} ever taken a course or class on how to manage {his/her} asthma?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

Section 7. Modifications to Environment

HH_INT **READ:** The following questions are about {child's name} household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1) **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**

Is an air cleaner or purifier regularly used inside {child's name} home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DEHUMID (7.2) **A dehumidifier is a small, portable appliance which removes moisture from the air.**

Is a dehumidifier regularly used to reduce moisture inside {his/her} home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

KITC_FAN (7.3) **Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {his/her} home?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

COOK_GAS (7.4) **Is gas used for cooking in {his/her} home?**

- (1) Yes
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_MOLD (7.5) **In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {his/her} home? Do not include mold on food.**

- (1) YES

- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

ENV_PETS (7.6) Does {child's name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

- (1) YES
- (2) NO (SKIP TO 7.8)
- (7) DON'T KNOW (SKIP TO 7.8)
- (9) REFUSED (SKIP TO 7.8)

PETBEDRM (7.7) Is the pet allowed in {his/her} bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T
- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen cockroaches inside {child's name} home?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.]

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside {his/her} home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Studies have shown that rodents may be a cause of asthma.]

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in {child's name} home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS “YES”.

GAS_STOVE (7.11) **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in {his/her} home?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: “Unvented” means no chimney or the chimney flue is kept closed during operation.]

S_INSIDE (7.12) **In the past week, has anyone smoked inside {his/her} home?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: “The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc.”

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about {child's name}.

Has a health professional ever advised you to change things in {his/her} home, school, or work to improve his/her asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) **Does {he/she} use a mattress cover that is made especially for controlling dust mites?**

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

- (1) YES

- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

E_PILLOW (7.15) Does {he/she} use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) Does {child's name} have carpeting or rugs in {his/her} bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are {his/her} sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT
- DO NOT READ**
- (4) VARIES
- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In {child's name} bathroom, does {he/she} regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THE CHILD USES MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) [IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to {child's name} medication use.

Over-the-counter medication can be bought without a doctor's order. Has {child's name} ever used over-the-counter medication for {his/her} asthma?

- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED

INHALERE (8.2) **Has {he/she} ever used a prescription inhaler?**

- (1) YES
(2) NO

[SKIP TO SCR_MED1]

- (7) DON'T KNOW
(9) REFUSED

[SKIP TO SCR_MED1]
[SKIP TO SCR_MED1]

INHALERH (8.3) Did a health professional show {him/her} how to use the inhaler?

- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4) Did a doctor or other health professional watch { him/her } use the inhaler?

- (1) YES
(2) NO
(7) DON'T KNOW
(9) REFUSED

SCR_MED1 (8.5)

[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications {child's name} may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often {he/she} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get {child's name} medicines so you can read the labels.

Can you please go get the asthma medicines while I wait on the phone?

(1) YES

(2) NO

[SKIP TO INH_SCR]

(3) RESPONDENT KNOWS THE MEDS

[SKIP TO INH_SCR]

(7) DON'T KNOW

[SKIP TO INH_SCR]

(9) REFUSED

[SKIP TO INH_SCR]

SCR_MED3 (8.7)

[when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

(1) YES I HAVE ALL THE MEDICATIONS

(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL

(3) NO

(7) DON'T KNOW

(9) REFUSED

INH_SCR (8.8)

[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]

In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler?

(1) YES

(2) NO

[SKIP TO PILLS]

(7) DON'T KNOW

[SKIP TO PILLS]

(9) REFUSED

[SKIP TO PILLS]

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions **ILP03 (8.13)** to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did {he/she} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rō'bīd (or air-row-bid)
03	<u>Albuterol</u> (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tə-mōl'
04	Alupent	al-u-pent
43	<u>Alvesco</u> (+ <u>Ciclesonide</u>)	al-ves-co
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
08	Beclovent	be' klo-vent" (or be-klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye-tole-ter-ole)
10	Brethaire Discontinued - Delete	breth-air
11	<u>Budesonide</u>	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	<u>Cromolyn</u>	kro'mō-lin (or KROE-moe-lin)
44	<u>Dulera</u>	do-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	<u>Formoterol</u>	for moh' te rol
48	Intal Discontinued - Delete	in-tel
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl
20	Maxair	māk-sâr
21	<u>Metaproteronol</u>	met"ah-pro-ter'ē-nōl (or met-a-proe-TER-e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til" (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)

03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29	Tilade -Discontinued - delete	tie-laid
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri'am- sin 'o-lōn as"ě-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]

(88) NO PRESCRIPTION INHALERS

[SKIP TO PILLS]

(77) DON'T KNOW

[SKIP TO PILLS]

(99) REFUSED

[SKIP TO PILLS]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO ILP03 AS NECESSARY TO ADMINISTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01-44 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]

SKIP before ILP03

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Does {he/she} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

(1) YES

(2) NO

(3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler

(4) Medication has a built-in spacer/does not need a spacer

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]

ILP04 (8.14) In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP05 (8.15) In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP06 (8.16) In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

ILP08 (8.18) How many times per day or per week did {he/she} use [MEDICINE FROM INH_MEDS SERIES]?

3 _ _	Times per DAY	[RANGE CHECK: (>10)]
4 _ _	Times per WEEK	[RANGE CHECK: (>75)]
5 5 5	Never	
6 6 6	LESS OFTEN THAN ONCE A WEEK	

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

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19) How many canisters of [MEDICINE FROM INH_MEDS SERIES] has {child's name} used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

(77) DON'T KNOW

(88) NONE

(99) REFUSED

[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES THAT <CHILD> HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE AT SCHOOL, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERENT INHALERS.]

PILLS (8.20) In the past 3 months, has {he/she} taken any PRESCRIPTION medicine in pill form for his/her asthma?

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

[SKIP TO SYRUP]

(9) REFUSED

[SKIP TO SYRUP]

PILLS_MD (8.21) For the following pills the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What PRESCRIPTION asthma medications does {child's name} take in pill form?

[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE

NAME OF THE MEDICATION.]

Note: The top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	<u>Albuterol</u>	āl'- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred-NISS-oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab
66	Other, please specify	[SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49, SKIP TO PILL01]

(88) NO PILLS

[SKIP TO SYRUP]

(77) DON'T KNOW

[SKIP TO SYRUP]

(99) REFUSED

[SKIP TO SYRUP]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

ENTER OTHER MEDICATION IN TEXT FIELD

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILL01]

PILL01 (8.22)

In the past 3 months, did {child's name} take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

SYRUP (8.23)

In the past 3 months, has {he/she} taken prescription medicine in syrup form?

(1) YES

(2) NO

[SKIP TO NEB_SCR]

(7) DON'T KNOW

[SKIP TO NEB_SCR]

(9) REFUSED

[SKIP TO NEB_SCR]

SYRUP_ID (8.24)

For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).

What PRESCRIPTION asthma medications has {child's name} taken as a syrup?

[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air-o-late
02	Albuterol	āl'-bu'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al-u-pent

04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

(88) NO PILLS [SKIP TO NEB_SCR]

(77) DON'T KNOW [SKIP TO NEB_SCR]

(99) REFUSED [SKIP TO NEB_SCR]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

ENTER OTHER MEDICATION.

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8. 25) A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of {child's name} **PRESCRIPTION** asthma medicines used with a nebulizer?

(1) YES

(2) NO

[SKIP TO Section 9]

(7) DON'T KNOW

[SKIP TO Section 9]

(9) REFUSED

[SKIP TO Section 9]

NEB_PLC (8.26) I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no.
In the past 3 months did {child's name} use a nebulizer ...

(8.26a) AT HOME

(1) YES (2) NO (7) DK (9) REF

(8.26b) AT A DOCTOR'S OFFICE

(1) YES (2) NO (7) DK (9) REF

(8.26c) IN AN EMERGENCY ROOM

(1) YES (2) NO (7) DK (9) REF

(8.26d) AT WORK OR AT SCHOOL

(1) YES (2) NO (7) DK (9) REF

(8.26e) AT ANY OTHER PLACE

(1) YES (2) NO (7) DK (9) REF

NEB_ID (8.27)

For the following nebulizers, the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescription ASTHMA medications has {he/she} taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
17	<u>Combivent Inhalation solution</u>	com -bi-vent
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe-TER-e-nole)
18	<u>Perforomist (Formoterol)</u>	per - form -ist
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

(88) NONE

[SKIP TO Section 9]

(77) DON'T KNOW

[SKIP TO Section 9]

(99) REFUSED

[SKIP TO Section 9]

OTH_N1

ENTER OTHER MEDICATION

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_18) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN NEB_ID] FOR QUESTION NEB01 to NEB03]

NEB01 (8.28) In the past 3 months, did {child's name} take [MEDICINE FROM NEB_ID SERIES] when he/she had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

NEB02 (8.29) In the past 3 months, did he/she take [MEDICINE FROM NEB_ID SERIES] on a regular schedule every day?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

NEB03 (8.30) How many times per day or per week does he/she use [MEDICINE FROM NEB_ID SERIES]?

- 3__ __ DAYS
- 4__ __ WEEKS
- (555) NEVER
- (666) LESS OFTEN THAN ONCE A WEEK
- (777) DON'T KNOW / NOT SURE
- (999) REFUSED

Section 9. Cost of Care

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), then continue with Section 9.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

AND

(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9.

IF CUR_ASTH (2.2) = 1 (Yes), then continue with Section 9.

ASMDCOST (9.1) Was there a time in the past 12 months when {child’s name} needed to see his/her primary care doctor for asthma but could not because of the cost?

(1) YES

(2) NO

(7) DON’T KNOW

(9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when you were referred to a specialist for {his/her} asthma care but could not because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASRXCOST (9.3) **Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 10. School Related Asthma

SCH_STAT (10.1) **Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.**

Does {child's name} currently go to school or pre school outside the home?

- (1) YES [SKIP TO SCHGRADE]
(2) NO

(7) DON'T KNOW
(9) REFUSED

NO_SCHL (10.2) What is the main reason {he/she} is not now in school? READ RESPONSE CATEGORIES

- (1) NOT OLD ENOUGH [SKIP TO DAYCARE]
(2) HOME SCHOOLED [SKIP TO SCHGRADE]
(3) UNABLE TO ATTEND FOR HEALTH REASONS
(4) ON VACATION OR BREAK
(5) OTHER

(7) DON'T KNOW
(9) REFUSED

SCHL_12 (10.3) **Has {child's name} gone to school in the past 12 months?**

- (1) YES
(2) NO [SKIP TO DAYCARE]
(7) DON'T KNOW [SKIP TO DAYCARE]
(9) REFUSED [SKIP TO DAYCARE]

SCHGRADE (10.4) **[IF SCHL_12 = 1]**
What grade was {he/she} in the last time he/she was in school?

[IF SCH_STAT = 1 OR NO_SCHL = 2]
What grade is {he/she} in?

- (88) PRE SCHOOL
(66) KINDERGARTEN
— — ENTER GRADE 1 TO 12
(77) DON'T KNOW
(99) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

**IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.8; otherwise continue with 10.5**

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes) then continue with 10.5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.8; otherwise continue with 10.5**

IF CUR_ASTH (2.2) = 1 (Yes), then continue with 10.5.

MISS_SCHL (10.5) During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?

____ ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL_12 (10.3) = 1 READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST']

- SCH_APL (10.6)** **Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.**
- Does {child's name} have a written asthma action plan or asthma management plan on file at school?**
- (1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED
- SCH_MED (10.7)** **Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?**
- (1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED
- SCH_ANML (10.8)** **[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11] added in 2011**
Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?
- (1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED
- SCH_MOLD (10.9)** **Are you aware of any mold problems in {child's name} school?**
- (1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED
- DAYCARE (10.10)** **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**
Does {child's name} go to day care outside his/her home?

- | | |
|----------------|----------------------|
| (1) YES | [SKIP TO MISS_DCAR] |
| (2) NO | |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

DAYCARE1 (10.11) Has {he/she} gone to daycare in the past 12 months?

- | | |
|----------------|----------------------|
| (1) YES | |
| (2) NO | [SKIP TO SECTION 11] |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),
AND
 (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
 (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
 (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.14; otherwise continue with 10.12

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), then continue with 10.12.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10.14
AND
 (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
 (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
 (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO 10.14; otherwise continue with 10.12

IF CUR_ASTH (2.2) = 1 (Yes), then continue with 10.12.

- MISS_DCAR (10.12)** During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?
- ___ __ _ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]
- [DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]**
- (888) ZERO
- (777) DON'T KNOW
(999) REFUSED
- [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**
- DCARE_APL (10.13)** **[IF DAYCARE1 (10.11) = YES (1) THEN READ: "Please answer these next few questions about the daycare {child's name} went to last. "**
- Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- DCARE_ANML(10.14)** **Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- DCARE_MLD (10.15)** **Are you aware of any mold problems in {his/her} daycare?**
- (1) YES
(2) NO
- (7) DON'T KNOW
(9) REFUSED
- DCARE_SMK (10.16)** **Is smoking allowed at {his/her} daycare?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 11. Complimentary and Alternative Therapy

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO SECTION 12; otherwise continue with Section 11

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes),
then continue with section 11.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 12
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO SECTION 12; otherwise continue with Section 11

IF CUR_ASTH (2.2) = 1 (Yes), then continue with section 11.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if {child’s name} has used it to control asthma in the past 12 months. Answer “no” if {he/she} has not used it in the past 12 months.

In the past 12 months, has {he/she} used ... to control asthma?
[interviewer: repeat prior phrasing as needed]

CAM_HERB (11.1)	herbs	(1) YES	(2) NO	(7) DK (9) REF
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CAM_VITA (11.2)	vitamins	(1) YES	(2) NO	(7) DK (9) REF
CAM_PUNC (11.3)	acupuncture	(1) YES	(2) NO	(7) DK (9) REF
CAM_PRES (11.4)	acupressure	(1) YES	(2) NO	(7) DK (9) REF
CAM_AROM (11.5)	aromatherapy	(1) YES	(2) NO	(7) DK (9) REF
CAM_HOME (11.6)	homeopathy	(1) YES	(2) NO	(7) DK (9) REF
CAM_REFL (11.7)	reflexology	(1) YES	(2) NO	(7) DK (9) REF
CAM_YOGA (11.8)	yoga	(1) YES	(2) NO	(7) DK (9) REF
CAM_BR (11.9)	breathing techniques	(1) YES	(2) NO	(7) DK (9) REF
CAM_NATR (11.10)	naturopathy	(1) YES	(2) NO	(7) DK (9) REF

[INTERVIEWER: If respondent does not recognize the term “naturopathy” the response should be no”]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (11.11)	Besides the types I have just asked about, has {child’s name} used any other type of alternative care for asthma in the past 12 months?	
	(1) YES	
	(2) NO	[SKIP TO SECTION 12]
	(7) DON’T KNOW	[SKIP TO SECTION 12]
	(9) REFUSED	[SKIP TO SECTION 12]

CAM_TEXT (11.13) What else has {he/she} used?

[100 ALPHANUMERIC CHARACTER LIMIT]

ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

Section 12. Additional Child Demographics

READ "I have just a few more questions about {child's name}."

HEIGHT1 (12.1) How tall is {child's name}?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

_ _ _ = Height (ft/inches)
7 7 7 7 = Don't know/Not sure
9 9 9 9 = Refused

CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space.

Examples:

24 inches = 200 (2 feet)	30 inches = 206 (2 feet 6 inches),
36 inches = 300 (3 feet)	40 inches = 304 (3 feet 4 inches),
48 inches = 400 (4 feet)	50 inches = 402 (4 feet 2 inches),
60 inches = 500 (5 feet)	65 inches = 505 (5 feet 5 inches),
6 feet = 600 (6 feet, zero inches)	
5'3" = 503 (5 feet, 3 inches)	

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

WEIGHT1 (12.2) How much does {he/she} weigh?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

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

CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.

[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

BIRTHW1 (12.3)

How much did {he/she} weigh at birth (in pounds)?

7 7 7 7 7 7
9 9 9 9 9 9

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

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "2"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

[IF BIRTH WEIGHT (12.3) IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND.]

BIRTHRF (12.4)

At birth, did {child's name} weigh less than 5 ½ pounds?

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 – xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again.

Appendix A: Language for Identifying Most Knowledgeable Person during the BRFSS interview

Consent scripts for use during BRFSS 2011 Child asthma module when the most knowledgeable adult is identified during the BRFSS interview.

Child asthma module:

If BRFSS respondent indicates that the randomly selected child has ever had asthma (CASTHDX2 = 1 “yes”) and the BRFSS adult never had asthma then arrange for a call-back interview. If both the BRFSS adult and the randomly selected child both have asthma the child is randomly selected for the call-back 50% of the time.

Only respondents who are the parent/guardian of the selected child with asthma are eligible for the child asthma call-back interview. This is required because the parent/guardian must give permission to collect information about the child even if the information is being given by someone else. (RCSRELN1 = 1, 3)

READ: We would like to call again within the next 2 weeks to talk in more detail about your child’s experiences with asthma. The information will be used to help develop and improve the asthma programs in {state name}.

ADULTPERM

Would it be all right if we call back at a later time to ask additional questions about your child’s asthma?

- | | |
|-------------------------|--------------------------------------|
| (1) Yes | |
| (2) No | (GO TO BRFSS closing or next module) |
| (7) Don’t know/Not Sure | (GO TO BRFSS closing or next module) |
| (9) Refused | (GO TO BRFSS closing or next module) |

CHILDName

Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, etc.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, etc.) from child selection module]

Enter child’s first name, initials or nickname: _____

ADULTName

Can I please have your first name, initials or nickname so we know who refer to when we call back?

Enter respondent’s first name, initials or nickname: _____

MOSTKNOW

Are you the parent or guardian in the household who knows the most about {CHILDName}’s asthma?

(1) Yes [CATI SET MKPName = ADULTName]

(2) No (GO TO ALTName)

(7) Don't know/Not Sure (GO TO ALTName)

(9) Refused (GO TO ALTName)

CBTIME: What is a good time to call you back? For example, evenings, days, weekends?

Enter day/time: _____

READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

[If state requires active linking consent continue, if not, go to BRFSS closing or next module]

LINKING CONSENT

READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

PERMISS: May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks?

(1) Yes (GO TO BRFSS closing or next module)

(2) No (GO TO BRFSS closing or next module)

(7) Don't Know (GO TO BRFSS closing or next module)

(9) Refused (GO TO BRFSS closing or next module)

ALTName Can I please have the first name, initials or nickname of the person who knows the most about {CHILDName}'s asthma so we will know who to ask for when we call back?

Alternate's Name: _____

[CATI SET MKPName = ALTName]

ALTCBTime:

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: The information you gave us today and that {ALTName} will give us when we call back will be kept confidential. We will keep their name and phone number, and your child's name on file, separate from the answers collected today. Even though you agreed today, {ALTName} may refuse to participate in the future.

[If state requires linking consent, continue; if not, go to BRFSS closing or next module]

LINKING CONSENT

READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

PERMISS: May we combine your answers from today with the answers *{ALTName}* gives us during the interview about your child's asthma?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)

- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

Introduction and consent sections for use during the Child Asthma Call-Back when the most knowledgeable adult is identified during the BRFSS interview:

[CATI: CHILDName, ADULTName, ALTName, MKPName, CASTHDX2, and CASTHNO2, RCSGENDR, calculated child's age, are from the BRFSS child asthma module and must be carried to the asthma call-back]

[CATI: BRFSS Respondent's SEX also should be carried to the Asthma call-back]

[CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.1 Are you {MKPName}?

1. Yes (GO TO 1.5)
2. No

1.2 May I speak with {MKPName }?

1. Yes (GO TO 1.4 when person comes to phone)
2. Person not available

1.3 When would be a good time to call back and speak with {MKPName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: Thank you we will call again later to speak with {MKPName}.

[CATI: Start over at introduction at next call.]

1.4 Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about

{CHILDName}'s asthma and said that you knew the most about that child's asthma.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s health and said that you knew the most about that child's health.

GO TO SECTION 2

1.5 During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s asthma and said that you knew the most about that child's asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview { "you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s health and said that you knew the most about that child's health.

GO TO SECTION 2

Section 2. Informed Consent

INFORMED CONSENT

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

{CHILDName} was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey.

[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

READ: The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {CHILDName} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

[IF YES, READ:] (IF NO, Go to REPEAT (2.0))

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to section 3]

[If responses for sample child were “yes” (1) to CASTHDX2 and “yes” (1) to CASTHNO2 in core BRFSS survey:]

READ: Answers to the asthma questions in the earlier survey indicated that a doctor or other health professional said that {*CHILDName*} had asthma sometime in his or her life, and that {*CHILDName*} still has asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since {*CHILDName*} has asthma now, your interview will last about 15 minutes. [Go to section 3]

REPEAT (2.0)

READ: I would like to repeat the questions from the previous survey now to make sure {*CHILDName*} qualifies for this study.

EVER_ASTH (2.1) Have you ever been told by a doctor or other health professional that {*CHILDName*} had asthma?

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) Does {*he/she*} still have asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

RELATION (2.3) What is your relationship to {*CHILDName*}?

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED
- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4) Are you the legal guardian for {*CHILDName*}

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: {*CHILDName*} does qualify for this study, I'd like to continue unless you have any questions.

[If YES to 2.2 read:]

Since {*CHILDName*} does have asthma now, your interview will last about 15 minutes. [Go to section 3]

[If NO to 2.2 read:]

Since {*CHILDName*} does not have asthma now, your interview will last about 5 minutes. [Go to section 3]

[If Don't know or refused to 2.2 read:]

Since you are not sure if {*CHILDName*} has asthma now, your interview will probably last about 10 minutes. [Go to section 3]

TERMINATE:

Upon survey termination, **READ:**

I'm sorry {*CHILDName*} does not qualify for this study. I'd like to thank you on behalf of the {*STATE*} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {1-800-xxx-xxxx}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {1-800-xxx-xxxx}. Thanks again. Goodbye.

Appendix B:

Language for Identifying Most Knowledgeable Person at the Call-back

Consent scripts for use during BRFSS 2011 Child asthma module when the most knowledgeable adult is identified at the call-back interview.

Child asthma module:

If BRFSS respondent indicates that the randomly selected child has ever had asthma then arrange for a call-back interview.

Only respondents who are the parent/guardian of the selected child with asthma are eligible for the child asthma call-back interview. This is required because the parent/guardian must give permission to collect information about the child even if the information is being given by someone else.

CATI: (RCSRELN1 = 1 or 3 and CASTHDX2 = 1 “yes”)

READ: We would like to call again within the next 2 weeks to talk in more detail about your child’s experiences with asthma. The information will be used to help develop and improve the asthma programs in {state name}.

ADULTPERM

Would it be all right if we call back at a later time to ask additional questions about your child’s asthma?

- (1) Yes
- (2) No (GO TO BRFSS closing or next module)
- (7) Don’t know/Not Sure (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

CHILDName

Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, ETC.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, ETC.) from child selection module]

Enter child’s first name, initials or nickname: _____

ADULTName

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

Enter respondent’s first name, initials or nickname: _____

CBTIME: What is a good time to call you back? For example, evenings, days, weekends?

Enter day/time: _____

READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

[CATI: If state requires active linking consent continue, if not, go to BRFSS closing or next module]

LINKING CONSENT

READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

PERMISS: May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)

- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

Introduction and consent sections for use during the Child Asthma Call-Back when the most knowledgeable adult is identified at call-back interview:

[CATI: CHILDName, ADULTName, ALTName, MKPName, CASTHDX2, and CASTHNO2, RCSGENDR, calculated child's age, are from the BRFSS child asthma module and must be carried to the asthma call-back]

[CATI: BRFSS Respondent's SEX also should be carried to the Asthma call-back]

[CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.1 Are you {ADULTName}?

- (1) Yes (go to 1.5 READ)
- (2) No

1.2 May I speak with {ADULTName}?

- (1) Yes (go to 1.4 READ when person comes to phone)
- (2) Person not available

1.3 When would be a good time to call back and speak with {ADULTName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: Thank you we will call again later to speak with {ADULTName}.

[CATI: Start over at introduction at next call.]

ADULTName comes to the phone:

1.4 READ: Hello, my name is _____. I'm calling on behalf of the {STATE} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. (GO TO 1.5)

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.5 READ: During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s health.

KNOWMOST: Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?

- (1) YES (GO TO SECTION 2: Informed consent)
- (2) NO
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

ALTPRESENT: If the parent or guardian who knows the most about {CHILDName}'s asthma is present, may I speak with that person now?

- (1) YES [respondent transfers phone to alternate] GO TO READ ALTERNATE ADULT:
- (2) Person is not available
- (7) DON'T KNOW/NOT SURE [GO TO TERMINATE]
- (9) REFUSED [GO TO TERMINATE]

ALTName Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?

Alternate's Name: _____

ALTCBTime:

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____ [CATI: AT NEXT CALL START AT 1.6]

READ ALTERNATE ADULT:

Hello, my name is _____. I'm calling on behalf of the {STATE} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {ADULTName} indicated {he/she} would be willing to participate in

this study about {CHILDName}'s asthma. {ADULTName} has now indicated that you are more knowledgeable about {CHILDName}'s asthma. It would be better if you would complete this interview. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.6 Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.7 Are you {ALTName}?

- (1) Yes (go to 1.10 READ ALT 1)
- (2) No

1.8 May I speak with {ALTName}?

- (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
- (2) Person not available

1.9 When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: **Thank you we will call again later to speak with {ALTName}.**

[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. 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.

[GO TO SECTION 2]

1.11 READ ALT 2:

Hello, my name is _____. I'm calling on behalf of the {STATE} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. 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.

[GO TO SECTION 2]

Section 2. Informed Consent

INFORMED CONSENT

READ: Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions

{CHILDName} was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey.

[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

READ: The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {CHILDName} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

[IF YES, READ:] (IF NO, Go to REPEAT (2.0))

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to section 3]

[If responses for sample child were "yes" (1) CASTHDX2 to and "yes" (1) to CASTHNO2 in core BRFSS survey:]

READ: Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {CHILDName} had asthma sometime in his or her life, and that {CHILDName} still has asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since {child's name} has asthma now, your interview will last about 15 minutes. [Go to section 3]

REPEAT (2.0)

I would like to repeat the questions from the previous survey now to make sure {CHILDName} qualifies for this study.

EVER_ASTH (2.1) **Have you ever been told by a doctor or other health professional that {CHILDName} had asthma?**

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) **Does {he/she} still have asthma?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

RELATION (2.3) **What is your relationship to {CHILDName}?**

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED
- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4) **Are you the legal guardian for {CHILDName}**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: {CHILDName} does qualify for this study.

[If YES to 2.2 read:]

Since {CHILDName} does have asthma now, your interview will last about 15 minutes. [Go to section 3]

[If NO to 2.2 read:]

Since {CHILDName} does not have asthma now, your interview will last about 5 minutes. [Go to section 3]

[If Don't know or refused to 2.2 read:]

Since you are not sure if {CHILDName} has asthma now, your interview will probably last about 10 minutes. [Go to section 3]

TERMINATE:

Upon survey termination, READ:

I'm sorry {*CHILDName*} does not qualify for this study. I'd like to thank you on behalf of the {*STATE*} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {*1-800-xxx-xxxx*}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {*1-800-xxx-xxxx*}. Thanks again. Goodbye.

Appendix C: Coding Notes and Pronunciation Guide

Coding Notes:

- 1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Resp. was misdiagnosed; never had asthma” as a final code and terminate the interview.
- 2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.
- 3) CATI Programmer’s note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If “Other” has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singular	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinator’ upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair	ăd-vâr (or add -vair)
02	Aerobid	â-rô'bîd (or air -row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ôl (or al- BYOO -ter-ole) sāl-byū'ta-môl'
04	Alupent	al -u-pent
40	Asmanex (twisthaler)	as - <i>muh</i> -neks twist -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo- meth 'ah-son dī' pro 'pe-o-nāt (or be-kloe- meth -a-son)
08	Beclovent	be' klo-vent" (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tôl'ter-ôl (or bye- tole -ter-ole)
10	Brethaire	breth -air

11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
18	Intal	in -tel
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev -al- BYOU -ter-ohl
20	Maxair	māk -sār
21	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe - MET -a-sone
22	<u>Nedocromil</u>	ne-DOK-ro-e-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh -air HFA
24	Proventil	pro" ven -til' (or pro- vent -il)
25	Pulmicort Flexhaler	pul -ma- cort flex -hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tā-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29	Tilade	tie -laid
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ē-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred-NISS-oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respird	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

NEB_ID

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>

MISCELLANEOUS / CONSULTANT SERVICES

STATE AGENCY (Name and Address):

Department of Health
 Corning Tower
 Albany, NY 12237

NYS COMPTROLLER'S NUMBER: C#

ORIGINATING AGENCY GLBU: DOH01
 DEPARTMENT ID: 345XXXX

CONTRACTOR (Name and Address):

TYPE OF PROGRAM(S):

CHARITIES REGISTRATION NUMBER:

CONTRACT TERM

FROM:
 TO:

CONTRACTOR HAS () HAS NOT () TIMELY
 FILED WITH THE ATTORNEY GENERAL'S
 CHARITIES BUREAU ALL REQUIRED
 PERIODIC OR ANNUAL WRITTEN REPORTS

FUNDING AMOUNT FOR CONTRACT
 TERM:

FEDERAL TAX IDENTIFICATION NUMBER:

STATUS:
 CONTRACTOR IS () IS NOT () A
 SECTARIAN ENTITY

NYS VENDOR IDENTIFICATION NUMBER:

CONTRACTOR IS () IS NOT () A
 NOT-FOR-PROFIT ORGANIZATION

MUNICIPALITY NO. (if applicable)

CONTRACTOR IS () IS NOT () A
 N Y STATE BUSINESS ENTERPRISE

() IF MARKED HERE, THIS CONTRACT IS RENEWABLE FOR ___ ADDITIONAL ONE-YEAR PERIOD(S)
 AT THE SOLE OPTION OF THE STATE AND SUBJECT TO APPROVAL OF THE OFFICE OF THE STATE
 COMPTROLLER.

BID OPENING DATE:**APPENDICES ATTACHED AND PART OF THIS AGREEMENT**

Precedence shall be given to these documents in the order listed below.

- | | | |
|----------|-----------------------------|--|
| <u>X</u> | APPENDIX A | Standard Clauses as required by the Attorney General for all State Contracts. |
| <u>X</u> | APPENDIX X | Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods) |
| — | APPENDIX Q | Modification of Standard Department of Health Contract Language |
| <u>X</u> | STATE OF NEW YORK AGREEMENT | |
| <u>X</u> | APPENDIX D | General Specifications |
| <u>X</u> | APPENDIX B | Request For Proposal (RFP) |
| <u>X</u> | APPENDIX C | Proposal |
| <u>X</u> | APPENDIX E-1 | Proof of Workers' Compensation Coverage |
| <u>X</u> | APPENDIX E-2 | Proof of Disability Insurance Coverage |
| <u>X</u> | APPENDIX H | Federal Health Insurance Portability and Accountability Act Business Associate Agreement |
| <u>X</u> | APPENDIX G | Notices |
| <u>X</u> | APPENDIX M | Participation by Minority Group Members and Women with respect to State Contracts: Requirements and Procedures |

Contract No.: C#

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

CONTRACTOR

STATE AGENCY

By: _____

By: _____

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification:
"In addition to the acceptance of this contract,
I also certify that original copies of this
signature page will be attached to all other
exact copies of this contract."

STATE OF NEW YORK)
)SS.:
County of _____)

On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

GLBU: DOH01
APPENDIX X

Contract Number: _____

Contractor: _____

Amendment Number X-_____

BSC Unit ID: 345<XXXX>

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

_____ Modifies the contract period at no additional cost

_____ Modifies the contract period at additional cost

_____ Modifies the budget or payment terms

_____ Modifies the work plan or deliverables

_____ Replaces appendix(es) _____ with the attached appendix(es) _____

_____ Adds the attached appendix(es) _____

_____ Other: (describe) _____

This amendment *is* *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Additionally, Contractor certifies that it is not included on the prohibited entities list published at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> as a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Contractor (or any assignee) also certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Prior to this amendment, the contract value and period were:

\$ _____
(Value before amendment)

From ____/____/____ to ____/____/____.
(Initial start date)

This amendment provides the following modification (complete only items being modified):

\$ _____

From ____/____/____ to ____/____/____.

This will result in new contract terms of:

\$ _____
(All years thus far combined)

From ____/____/____ to ____/____/____.
(Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

BSC Unit ID: 345<XXXX>

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of
the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.

TABLE OF CONTENTS

	Page
1. Executory Clause	3
2. Non-Assignment Clause	3
3. Comptroller's Approval	3
4. Workers' Compensation Benefits	3
5. Non-Discrimination Requirements	3
6. Wage and Hours Provisions	3
7. Non-Collusive Bidding Certification	4
8. International Boycott Prohibition	4
9. Set-Off Rights	4
10. Records	4
11. Identifying Information and Privacy Notification	4
12. Equal Employment Opportunities For Minorities and Women	4-5
13. Conflicting Terms	5
14. Governing Law	5
15. Late Payment	5
16. No Arbitration	5
17. Service of Process	5
18. Prohibition on Purchase of Tropical Hardwoods	5-6
19. MacBride Fair Employment Principles	6
20. Omnibus Procurement Act of 1992	6
21. Reciprocity and Sanctions Provisions	6
22. Compliance with New York State Information Security Breach and Notification Act	6
23. Compliance with Consultant Disclosure Law	6
24. Procurement Lobbying	7
25. Certification of Registration to Collect Sales and Compensating Use Tax by Certain State Contractors, Affiliates and Subcontractors	7
26. Iran Divestment Act	7

STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this

contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of

any State approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this

contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.

(a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00,

whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment

opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.

In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbecertification@esd.ny.gov
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS.

Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW. If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded

the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

26. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at:
<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not

limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

STATE OF NEW YORK
AGREEMENT

This AGREEMENT is hereby made by and between the State of New York Department of Health (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has formally requested contractors to submit bid proposals for the project described in Appendix B for which bids were opened on the date noted on the face pages of this AGREEMENT; and

WHEREAS, the STATE has determined that the CONTRACTOR is the successful bidder, and the CONTRACTOR covenants that it is willing and able to undertake the services and provide the necessary materials, labor and equipment in connection therewith;

NOW THEREFORE, in consideration of the terms hereinafter mentioned and also the covenants and obligations moving to each party hereto from the other, the parties hereto do hereby agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- B. The maximum compensation for the contract term of this AGREEMENT shall not exceed the amount specified on the face page hereof.
- C. This AGREEMENT may be renewed for additional periods (PERIOD), as specified on the face page hereof.
- D. To exercise any renewal option of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT. The modification agreement is subject to the approval of the Office of the State Comptroller.
- E. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.
- F. For the purposes of this AGREEMENT, the terms "Request For Proposal" and "RFP" include all Appendix B documents as marked on the face page hereof.
- G. For the purposes of this AGREEMENT, the term "Proposal" includes all Appendix C documents as marked on the face page hereof.

II. Payment and Reporting

- A. The CONTRACTOR shall submit complete and accurate invoices and/or vouchers, together with supporting documentation required by the contract, the State Agency and the State Comptroller, to the STATE's designated payment office in order to receive payment to one of the following addresses:

- 1. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: DOHaccountspayable@ogs.ny.gov with a subject field as follows:

Subject: <<Unit ID: 345XXXX>> <<Contract #>>
(Note: **do not** send a paper copy in addition to your emailed voucher.)

2. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 345<<xxxx>>
PO Box 2093
Albany, NY 12220-0093**

- B. Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at helpdesk@sfs.ny.gov or by telephone at 1-855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/vendors/vendorguide/guide.htm>.

III. Term of Contract

- A. Upon approval of the Office of the State Comptroller, this AGREEMENT shall be effective for the term as specified on the cover page.
- B. This Agreement may be terminated by mutual written agreement of the contracting parties.
- C. This Agreement may be terminated by the Department for cause upon the failure of the Contractor to comply with the terms and conditions of this Agreement, including the attachments hereto, provided that the Department shall give the contractor written notice via registered or certified mail, return receipt requested, or shall deliver same by hand-receiving Contractor's receipt therefor, such written notice to specify the Contractor's failure and the termination of this Agreement. Termination shall be effective ten (10) business days from receipt of such notice, established by the receipt returned to the Department. The Contractor agrees to incur no new obligations nor to claim for any expenses made after receipt of the notification of termination.
- D. This Agreement may be deemed terminated immediately at the option of the Department upon the filing of a petition in bankruptcy or insolvency, by or against the Contractor. Such termination shall be immediate and complete, without termination costs or further obligations by the Department to the Contractor.
- E. This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

IV. Proof of Coverage

Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

- A. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:
 - 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - 2. C-105.2 – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
 - 3. SI-12 – Certificate of Workers' Compensation Self-Insurance, OR GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance.
- B. Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:
 - 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR
 - 2. DB-120.1 – Certificate of Disability Benefits Insurance OR
 - 3. DB-155 – Certificate of Disability Benefits Self-Insurance

V. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

APPENDIX D
GENERAL SPECIFICATIONS

- A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that all specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specifications, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.
- B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, e-mail, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.
- C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department, and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable, and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety shall be liable to the State of New York for any excess cost on account thereof.
- D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.
- E. The Department of Health will make no allowance or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.
- F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.
- G. The successful bidder will be required to complete the entire work or any part thereof as the case may be, to the satisfaction of the Department of Health in strict accordance with the specifications and pursuant to a contract therefore.
- H. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- I. Non-Collusive Bidding By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
 - a. The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
 - b. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;

- c. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

- J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
- L. Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.
- M. Technology Purchases Notification --The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"
 - 1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.
 - 2. If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD

SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.

3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.

N. Date/Time Warranty

1. Definitions: For the purposes of this warranty, the following definitions apply:

"Product" shall include, without limitation: when solicited from a vendor in a State government entity's contracts, RFPs, IFBs, or mini-bids, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g., consulting, systems integration, code or data conversion or data entry, the term "Product" shall include resulting deliverables.

"Third Party Product" shall include product manufactured or developed by a corporate entity independent from the vendor and provided by the vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. "Third Party Product" does not include product where vendor is : (a) a corporate subsidiary or affiliate of the third party manufacturer/developer; and/or (b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

2. Date/Time Warranty Statement

Contractor warrants that Product(s) furnished pursuant to this Contract shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations. Where a Contractor proposes or an acquisition requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

Where Contractor is providing ongoing services, including but not limited to: i) consulting, integration, code or data conversion, ii) maintenance or support services, iii) data entry or processing, or iv) contract administration services (e.g., billing, invoicing, claim processing), Contractor warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due to the inaccuracy of Contractor's business operations in processing date/time data (including, but not limited to, calculating, comparing, and sequencing) various date/time transitions, including leap year calculations. Contractor shall be responsible for damages resulting from any delays, errors or untimely performance resulting therefrom, including but not limited to the failure or untimely performance of such services.

This Date/Time Warranty shall survive beyond termination or expiration of this contract through: a) ninety (90) days or b) the Contractor's or Product manufacturer/developer's stated date/time warranty term, whichever is longer. Nothing in this warranty statement shall be construed to limit any rights or remedies otherwise available under this Contract for breach of warranty.

- O. No Subcontracting Subcontracting by the contractor shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.

- P. Superintendence by Contractor The Contractor shall have a representative to provide supervision of the work which Contractor employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the Contractor.
- Q. Sufficiency of Personnel and Equipment If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department shall have the authority to require the Contractor to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.
- R. Experience Requirements The Contractor shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this contract and must show that it is currently performing similar services. The Contractor shall submit at least two references to substantiate these qualifications.
- S. Contract Amendments. This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The contractor shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

- T. Provisions Upon Default
1. In the event that the Contractor, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor
 2. If, in the judgment of the Department of Health, the Contractor acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.
- U. Upon termination of this agreement, the following shall occur:
1. Contractor shall make available to the State for examination all data, records and reports relating to this Contract; and
 2. Except as otherwise provided in the Contract, the liability of the State for payments to the Contractor and the liability of the Contractor for services hereunder shall cease.
- V. Conflicts If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the Contractor shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the

Department of Health will furnish the Contractor supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:
 - a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).
 - b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than \$500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than \$1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than \$500,000 for damages arising out of damage to or destruction of property during any single occurrence and not less than \$1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.
 - i. Contractor's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.
 - ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
 - iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.

X. Certification Regarding Debarment and Suspension Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended,

proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1. APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered Transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
- g. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of parties Excluded from Federal Procurement and Non-procurement Programs.
- h. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

- i. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
 - a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily exclude from participation in this transaction by any Federal department agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Y. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.
2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.
3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.

5. The CONTRACTOR, its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.

Z. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:
 - a. The NYS Department of Health, at the following address New York State Department of Health, Bureau of Contracts Room -2756, Corning Tower, Albany, NY 12237; and
 - b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting -or via fax at (518) 474-8030 or (518) 473-8808; and
 - c. The NYS Department of Civil Service, Albany NY 12239, ATTN: Consultant Reporting.

AA. Provisions Related to New York State Procurement Lobbying Law The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

BB. Provisions Related to New York State Information Security Breach and Notification Act CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors.

CC. Lead Guidelines All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.

DD. On-Going Responsibility

1. General Responsibility Language: The CONTRACTOR shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Commissioner of Health or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.
2. Suspension of Work (for Non-Responsibility) :The Commissioner of Health or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of Health or his or her designee issues a written notice authorizing a resumption of performance under the Contract.

3. Termination (for Non-Responsibility) : Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate Department of Health officials or staff, the Contract may be terminated by Commissioner of Health or his or her designee at the Contractor's expense where the Contractor is determined by the Commissioner of Health or his or her designee to be non-responsible. In such event, the Commissioner of Health or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

EE. Provisions Related to Iran Divestment Act As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list has been posted on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>.

By entering into this Contract, CONTRACTOR (or any assignee) certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list. Additionally, CONTRACTOR agrees that should it seek to renew or extend the Contract, it will be required to certify at the time the Contract is renewed or extended that it is not included on the prohibited entities list. CONTRACTOR also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the prohibited entities list before the New York State Department of Health may approve a request for Assignment of Contract. During the term of the Contract, should New York State Department of Health receive information that a person is in violation of the above referenced certification, New York State Department of Health will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then New York State Department of Health shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the CONTRACTOR in default.

New York State Department of Health reserves the right to reject any request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Appendix H

for CONTRACTOR that creates, receives, maintains or transmits individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program

- I. Definitions. For purposes of this Appendix H of this AGREEMENT:
 - A. “Business Associate” shall mean CONTRACTOR.
 - B. “Covered Program” shall mean the STATE.
 - C. Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and implementing regulations, including those at 45 CFR Parts 160 and 164.
- II. Obligations and Activities of Business Associate:
 - A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required By Law.
 - B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT and to comply with the security standards for the protection of electronic protected health information in 45 CFR Part 164, Subpart C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.
 - C. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:
 1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
 4. A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
 5. Contact procedures for Covered Program to ask questions or learn additional information.
 - D. Business Associate agrees, in accordance with 45 CFR § 164.502(e)(1)(ii), to ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such information.
 - E. Business Associate agrees to provide access, at the request of Covered Program, and in the time and manner designated by Covered Program, to Protected Health Information in a

Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.

- F. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.
- G. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528; and Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.
- H. Business Associate agrees, to the extent the Business Associate is to carry out Covered Program's obligation under 45 CFR Part 164, Subpart E, to comply with the requirements of 45 CFR Part 164, Subpart E that apply to Covered Program in the performance of such obligation.
- I. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program's compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.

III. Permitted Uses and Disclosures by Business Associate

- A. Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.
- B. Business Associate may use Protected Health Information for the proper management and administration of Business Associate.
- C. Business Associate may disclose Protected Health Information as Required By Law.

IV. Term and Termination

- A. This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.
- B. Termination for Cause. Upon Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for Business Associate to cure the breach and end the violation or may terminate this AGREEMENT if Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or Covered Program may immediately terminate this AGREEMENT if Business Associate has breached a material term of this AGREEMENT and cure is not possible.
- C. Effect of Termination.
 - 1. Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all

Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

V. Violations

- A. Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
- B. Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate's obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.

VI. Miscellaneous

- A. Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.
- B. Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.
- C. Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.
- D. Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.
- E. HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health Law Article 27-F.

Appendix G

NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

State of New York Department of Health

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

[Insert Contractor Name]

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.

APPENDIX M

PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES

I. General Provisions

- A. The New York State Department of Health is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 ("MWBE Regulations") for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The Contractor to the subject contract (the "Contractor" and the "Contract," respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the New York State Department of Health (the "New York State Department of Health"), to fully comply and cooperate with the New York State Department of Health in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women ("EEO") and contracting opportunities for certified minority and women-owned business enterprises ("MWBEs"). Contractor's demonstration of "good faith efforts" pursuant to 5 NYCRR §142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the "Human Rights Law") or other applicable federal, state or local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

II. Contract Goals

- A. For purposes of this procurement, the New York State Department of Health hereby establishes an overall goal of 0% for Minority and Women-Owned Business Enterprises ("MWBE") participation, 0% for Minority-Owned Business Enterprises ("MBE") participation and 0% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs).
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address:

<http://www.esd.ny.gov/mwbe.html>

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the New York State Department of Health for liquidated or other appropriate damages, as set forth herein.

III. Equal Employment Opportunity (EEO)

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the “Division”). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.

- B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
2. The Contractor shall submit an EEO policy statement to the New York State Department of Health within seventy two (72) hours after the date of the notice by New York State Department of Health to award the Contract to the Contractor.
3. If Contractor or Subcontractor does not have an existing EEO policy statement, the New York State Department of Health may provide the Contractor or Subcontractor a model statement (see Form #5 - Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).
4. The Contractor's EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

C. Form #4 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. Form #6 - Workforce Employment Utilization Report ("Workforce Report")

- 1. Once a contract has been awarded and during the term of Contract, Contractor is responsible for updating and providing notice to the New York State Department of Health of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
- 2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.
- 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.

- E. Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic

violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that Contractor has submitted an MWBE Utilization Plan (Form #1) either prior to, or at the time of, the execution of the contract.
- B. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section III-A of this Appendix.
- C. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, New York State Department of Health shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

V. Waivers

- A. For Waiver Requests Contractor should use Form #2 – Waiver Request.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a Request for Waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the New York State Department of Health shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the New York State Department of Health, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the New York State Department of Health may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Report

Contractor is required to submit a Quarterly MWBE Contractor Compliance Report (Form #3) to the New York State Department of Health by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

VII. Liquidated Damages - MWBE Participation

- A. Where New York State Department of Health determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to

comply with the MWBE participation goals, Contractor shall be obligated to pay to the New York State Department of Health liquidated damages.

- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
 - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
 - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the New York State Department of Health, Contractor shall pay such liquidated damages to the New York State Department of Health within sixty (60) days after they are assessed by the New York State Department of Health unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the New York State Department of Health.

CONSULTANT AGREEMENT

THIS AGREEMENT, made as of «Start_Date» (the "Effective Date"), by and between **HEALTH RESEARCH, INC.**, a not for profit corporation organized and existing under the laws of the State of New York, with principal offices located at Riverview Center, 150 Broadway, Ste. 560, Menands, NY 12204, hereinafter referred to as **HRI**, and «**CONSULTANT_NAME**», located at «Address_One», «Address_Two»«City», «STATE», «Zip», herein after referred to as the **CONSULTANT**.

WITNESSETH

WHEREAS, HRI has been awarded a grant from «Sponsor_Name» for the conduct of a project entitled "«Project_Title»"; and,

WHEREAS, funding for the project, in whole or in part, is provided under a federal government grant or contract; and,

WHEREAS, HRI desires the Consultant's performance of certain services for HRI in connection with such project; and,

WHEREAS, Consultant has represented to HRI that "he/she/it" is competent, willing and able to perform such services for HRI.

NOW THEREFORE, in consideration of the promises, mutual covenants, and agreements contained herein, it is mutually agreed by and between the respective parties as follows:

1. Consultant agrees to perform, as an independent contractor and not as an employee or agent of HRI, all the services set forth in Exhibit "A", appended hereto and made a part hereof, to the satisfaction of HRI's Principal Investigator, «PI_Name».
2. The Agreement shall be effective and allowable costs may be incurred by the Consultant from the Effective Date and shall continue until «End_Date» (the "Term") unless terminated sooner as hereinafter provided or extended by written agreement of the parties.
3. In full and complete consideration of Consultant's performance hereunder, HRI agrees to compensate Consultant pursuant to the breakdown in Exhibit "A" attached. Final invoices are due within 60 days of the termination date of this Agreement. Requests received after this 60-day period may not be honored. Any reimbursement payable hereunder by HRI to the Consultant shall be subject to retroactive reductions and/or repayment for amounts included therein which are identified by HRI, on the basis of any review or audit, to not constitute an allowable cost or charge hereunder.
4. The Scope of Work and Budget in Exhibit "A" may be modified as conditions warrant by mutual agreement between HRI and Consultant, and confirmed in writing. In no event shall the total consideration under this Agreement exceed «Total Contract Amount Typed Out» Dollars (\$«Total_Contract_Amt_In_Numbers»).
5. Consultant acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials, (collectively "Works") made, produced or delivered by Consultant in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are "works made for hire". Consultant will assign, and hereby assigns and transfers, to HRI all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. Consultant further agrees that "he/she/it" shall not claim or assert any proprietary interest in any of the data or materials required to be produced or delivered by Consultant in the performance of its obligation hereunder. Consultant warrants that all Works shall be original except for such portion from copyrighted works as may be included with Consultant's advance permission of the copyright owner(s) thereof, that it shall contain no libelous or unlawful statements or materials, and will not infringe upon any copyright, trademark or patent, statutory or other proprietary rights of others. Consultant further agrees that "he/she/it" will not publish, permit to be published, or distribute for public consumption, any information, oral or written, concerning the results or conclusions made pursuant to this Agreement without the prior written consent of HRI.
6. Neither party shall use the name of the other or any adaptation, abbreviation or derivative of any of them, whether oral or written, without the prior written permission of the other party. For the purposes of this paragraph "party" on the part of HRI shall include the State of New York and the NYS Department of Health.

7. It is understood and agreed that the services to be rendered by Consultant are unique and that Consultant shall not assign, transfer, subcontract or otherwise dispose of its rights or duties hereunder, in whole or in part, to any other person, firm or corporation, without the advance written consent of HRI.
8. The nature of the relationship which the Consultant shall have to HRI pursuant to this Agreement shall be that of an independent contractor. Under no circumstance shall the Consultant be considered an employee or agent of HRI. This Agreement shall not be construed to contain any authority, either expressed or implied, enabling the Consultant to incur any expense or perform any act on behalf of HRI.
9. Consultant is solely responsible for complying with all applicable laws and obtaining, at Consultant's sole expense, any and all licenses, permits, or authorizations necessary to perform services hereunder. Without limiting the generality of the foregoing, Consultant acknowledges and agrees, to the extent required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, that Consultant will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, Consultant agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Contract. Consultant is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this Contract and forfeiture of all moneys due hereunder for a second or subsequent violation. Consultant further agrees to the related terms and conditions set forth in Appendix "A".
10. This Agreement shall be void and no force and effect unless Consultant shall provide and maintain coverage during the life of this Agreement for the benefit of such employees as are required to be covered by the provisions of Workers' Compensation Law.
11. Unless otherwise agreed by HRI, Consultant shall maintain, or cause to be maintained, during the Term of this Agreement, insurance or self-insurance equivalents of the following types and amounts: a) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate; b) HRI and the People of the State of New York shall be included as Additional Insureds on the Consultant's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Consultant. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds; c) other such insurance as may be specified by HRI, depending on the project and services provided by Consultant.
12. Consultant shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for the balance of the calendar year in which they are created and for six years thereafter. HRI shall have reasonable access to such Records as necessary for the purposes of inspection, audit, and copying. Records shall be maintained as Confidential Information and protected from public disclosure.
13. This Agreement, including all applicable attachments and appendices thereto, represents the entire Agreement and understanding of the parties hereto and no prior writings, conversations or representations of any nature shall be deemed to vary the provisions hereof. This Agreement may not be amended in any way except in writing, duly executed by both parties hereto.
14. HRI may terminate this Agreement with or without cause at any time by giving advance notice, when, in its sole discretion, HRI determines that it is in the best interests of HRI to do so, or as directed by the project sponsor. Such termination shall not affect any commitments which, in the judgment of HRI, have become legally binding prior to the effective date of termination. Upon termination of the Agreement by either party for any reason, Consultant shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination. It is understood and agreed, however, that in the event that Consultant is in default upon any of its obligations, hereunder, at the time of such termination, such right of termination on the part of HRI shall expressly be in addition to any other rights or remedies which HRI may have against Consultant by reason of such default.
15. Consultant acknowledges and agrees that, during the course of performing services for HRI, it may receive information of a confidential nature, whether marked or unmarked ("Confidential Information"). Consultant agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of similar nature and importance, but with no less than reasonable care. Consultant will not use Confidential Information

for any purpose other than to facilitate the provision of services under this Agreement, and Consultant will not disclose Confidential Information to any third party without HRI's advance written consent.

16. Consultant represents and warrants that: a) it has the full right and authority to enter into and perform under this Agreement; b) it will perform the services set forth in Exhibit "A" in a workmanlike manner consistent with applicable industry practices; c) the services, work products, and deliverables provided by Consultant will conform to the specifications in Exhibit "A"; d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.
17. Consultant shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict with the proper discharge of Consultant's duties under this Agreement. In the event any actual or potential conflict arises, Consultant agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential impact on Consultant's performance under this Agreement.
18. Consultant agrees to defend, indemnify and hold HRI, its agents and employees, the New York State Department of Health, and the People of the State of New York, harmless from any losses, claims, damages, expenses, and liabilities (including reasonable attorneys' fees arising out of: (i) any act or omission by Consultant in connection with the performance of services constituting negligence, willful misconduct, or fraud; (ii) the breach of the confidentiality obligations set forth herein; (iii) any claim for compensation or payment asserted by any employee or agent of Consultant; (iv) Consultant's failure to carry out Consultant's responsibilities under this Agreement; (v) any intellectual property infringement or misappropriation by Consultant in connection with the services provided under this Agreement.
19. Should any provision of this Agreement be proven to be invalid or legally ineffective, the overall validity of this Agreement shall not be affected. Unless the parties agree on an amended provision, the invalid provision shall be deemed to be replaced by a valid provision accomplishing as far as possible the purpose and intent of the parties at the date of the Agreement.
20. The failure of HRI to assert a right hereunder or to insist on compliance with any term or condition of this Agreement shall not constitute a waiver of that right of HRI, or other rights of HRI under the Agreement, or excuse a subsequent failure to perform any such term or condition by Consultant.
21. This Agreement shall be governed and construed in accordance with the laws of the State of New York. The jurisdictional venue for any legal proceedings involving this Agreement shall be in the State of New York. Disputes involving this Agreement may not be submitted to binding arbitration.
22. In addition to the methods of process allowed by the State Civil Practice Law & Rules (CPLR), in any litigation arising under or with respect to this Agreement, Consultant hereby consents to the service of process upon it by registered or certified mail, return receipt requested, and will promptly notify HRI in writing in the event there is any change of address to which service of process can be made.
23. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.
24. Consultant agrees to abide by the terms and conditions of Appendix "A" attached hereto and made a part hereof, including the provisions required for federally funded projects, if applicable.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

HEALTH RESEARCH, INC.

«CONSULTANT_NAME»

Barbara L. Ryan
Executive Director

Name
Title

HEALTH RESEARCH, INC.
APPENDIX A to CONSULTANT AGREEMENT

The parties to the attached Agreement further agree to be bound by the following terms, which are hereby made a part of said Agreement:

1. During the performance of the Agreement, the Consultant agrees as follows:

- (a) The Consultant will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, age, disability or marital status.
- (b) If directed to do so by the Commissioner of Human Rights, the Consultant will send to each labor union or representative of workers within which the Consultant has or is bound by a collective bargaining or other agreement or understanding, a notice, to be provided by the State Commissioner of Human Rights, advising such labor union or representative of the Consultant's agreement under clauses (a) through (g) (hereinafter called "non-discrimination clauses"). If the Consultant was directed to do so by the contracting agency as part of the bid or negotiation of this Agreement, the Consultant shall request such labor union or representative to furnish a written statement that such labor union or representative will not discriminate because of race, creed, color, sex, national origin, age, disability or marital status and that such labor union or representative will cooperate, within the limits of its legal and contractual authority, in the implementation of the policy and provisions of these non-discrimination clauses and that it consents and agrees that recruitment, employment, and the terms and conditions of employment under this Agreement shall be in accordance with the purposes and provisions of these nondiscrimination clauses. If such labor union or representative fails or refuses to comply with such a request that it furnishes such a statement, the Consultant shall promptly notify the State Commissioner of Human Rights of such failure or refusal.
- (c) If directed to do so by the Commissioner of Human Rights, the Consultant will post and keep posted in conspicuous places, available to employees and applicants for employment, notices to be provided by the State Commissioner of Human Rights setting forth the substance of the provisions of Clauses (a) and (b) and such provisions of the State's laws against discrimination as the State Commissioner of Human Rights shall determine.
- (d) The Consultant will state, in all solicitations or advertisement for employees placed by or on behalf of the Consultant, that all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, sex, national origin, age, disability or marital status.
- (e) The Consultant will comply with the provisions of Sections 290-299 of the Executive Law and with the Civil Rights Law, will furnish all information and reports deemed necessary by the State Commissioner of Human Rights under these non-discriminatory clauses and such actions of the Executive Law, and will permit access to the Consultant's books, records, and accounts by the State Commissioner of Human Rights, the Attorney General, and the Industrial Commissioner for the purposes of investigation to ascertain compliance with these non-discrimination clauses and such sections of the Executive Law and Civil Rights Law.
- (f) This Agreement may be forthwith canceled, terminated or suspended, in whole or in part, by the contracting agency upon the basis of a finding made by the State Commissioner of Human Rights that the Consultant has not complied with these non-discrimination clauses, and the Consultant may be declared ineligible for future agreements made by or on behalf of HRI, the State or a public authority or agency of the State, until the Consultant satisfies the State Commissioner of Human Rights that the Consultant has established and is carrying out a program in conformity with the provisions of these non-discrimination clauses. Such finding shall be made by the State Commissioner of Human Rights after conciliation efforts by the Commissioner have failed to achieve compliance with these non-discrimination clauses and after a verified complaint has been filed with the Commissioner, notice thereof has been afforded to the Consultant, and an opportunity has been afforded to the Consultant to be heard publicly in accordance with the Executive Law. Such sanctions may be imposed and remedies invoked independently of or in addition to sanctions and remedies otherwise provided by law.
- (g) The Consultant will include the provisions of clause (a) through (f) in every subcontract or purchase order in such a manner that such provisions will be binding upon each subcontractor or vendor as to operations to be performed within the State of New York. The Consultant will take such action in enforcing such provisions of such subcontract or purchase order as the State Commissioner of Human Rights or the contracting agency may direct, including sanctions or remedies for non-compliance. If the Consultant becomes involved in or is threatened with

litigation with a subcontractor or vendor as a result of such direction by the State Commissioner of Human Rights or the contracting agency, the Consultant shall promptly notify HRI.

2. Assurances Required by DHHS--PHS (Where Applicable)

(a) Human Subjects, Derived Materials or Data

The Consultant and HRI both agree to abide by DHHS regulations concerning Human Subjects. The DHHS regulation, 45 CFR 46, provides a systematic means, based on established ethical principles, protecting the rights and welfare of individuals who may be exposed to the possibility of physical, psychological or social injury while they are participating as subjects in research, development or related activities. The regulation extends to the human fetus (either in utero or ex utero), the dead, organs, tissues, and body fluids, and graphic, written or recorded information derived from human sources.

The DHHS regulation requires institutional assurances, including the implementation of procedures for review, and the assignment of responsibilities for adequately protecting the rights and welfare of human subjects. Safeguarding these rights and welfare is, by DHHS policy, primarily the responsibility of the grantee. The Consultant is responsible for ensuring that the activity described or covered by this Agreement, and additional information relating to human subjects, derived materials or data are annually reviewed and approved by the Institutional Review Board of the Consultant. The Consultant and HRI agree to complete a HHS 596 form on an annual basis.

(b) Laboratory Animals

The Consultant agrees to abide by PHS policy requiring that laboratory animals not suffer unnecessary discomfort, pain or injury. The Consultant must assure PHS, in writing, that it is committed to following the standards established by the Animal Welfare Acts and by the documents entitled "Principles for Use of Animals" and "Guide for the Care and Use of Laboratory Animals."

(c) Recombinant DNA

The Consultant agrees to abide by the current PHS Guidelines for Research involving Recombinant DNA Molecules. All research involving recombinant DNA techniques that is supported by the Public Health Service must meet the requirements of these Guidelines, which were developed in response to the concerns of the scientific and lay communities about the possible effects of recombinant DNA research. Their purpose is to specify practices for the construction and handling of recombinant DNA molecules and organisms or viruses containing recombinant DNA. As defined by the Guidelines, "recombinant DNA" corresponds to: (1) molecules that are constructed outside living cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell; or (2) DNA molecules that result from the replication of a molecule described in (1).

Several types of studies involving recombinant DNA are exempt from the Guidelines while others are prohibited by the Guidelines. For the remainder, the Consultant must establish and implement policies that provide for the safe conduct of the research in full conformity with the Guidelines. This responsibility includes establishing an institutional biosafety committee to review all recombinant DNA research to be conducted at or sponsored by the Consultant and to approve those projects that are in conformity with the Guidelines. For each approved project, a valid Memorandum of Understanding and Agreement (MUA) shall be prepared for submission when solicited by an appropriate PHS staff member. The MUA is considered approved after review and acceptance by ORDA and by the Consultant.

(d) Promoting Objectivity in Research

Consultant agrees to comply with the DHHS/PHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.

(e) Other DHHS-PHS Regulations

The Consultant agrees to comply with applicable DHHS regulations concerning Civil Rights and Equal Opportunity, Student Unrest Provisions, Handicapped Individuals and Sex Discrimination.

(f) Additional Assurances

Under this grant, should any additional DHHS-PHS regulations be promulgated, the Consultant and HRI will review and agree, if feasible, to include them as part of this Agreement

The following provisions 3-9 are applicable to federally funded projects:

3. Anti-Kickback Act Compliance

If the subject Agreement or any subcontract hereunder is in excess of \$2,000 and is for construction or repair, Consultant agrees to comply and to require all subcontractors to comply with the Copeland "Anti-Kickback" Act (18 U.S.C. 874), as supplemented by Department of Labor regulations (29 CFR part 3, "Consultants and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each Consultant or subrecipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The Consultant shall report all suspected or reported violations to the Federal-awarding agency.

4. Davis-Bacon Act Compliance

If required by Federal programs legislation, and if this subject Agreement or any subcontract hereunder is a construction contract in excess of \$2,000, Consultant agrees to comply and/or to require all subcontractors hereunder to comply with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction"). Under this Act, Consultants shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, Consultants shall be required to pay wages not less than once a week. The recipient shall place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation and the award of a contract shall be conditioned upon the acceptance of the wage determination. The Consultant shall report all suspected or reported violations to the Federal-awarding agency.

5. Contract Work Hours and Safety Standards Act Compliance

Consultant agrees that, if this subject Agreement is a construction contract in excess of \$2,000 or a non-construction contract in excess of \$2,500 and involves the employment of mechanics or laborers, Consultant shall comply, and shall require all subcontractors to comply, with Sections 102 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by Department of Labor regulations (29 CFR part 5). Under Section 102 of the Act, each Consultant shall be required to compute the wages of every mechanic and laborer on the basis of a standard workweek of 40 hours. Work in excess of the standard workweek is permissible provided that the worker is compensated at rate of not less than 1 1/2 times the basic rate of pay for all hours worked in excess of 40 hours in the workweek. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market or contracts for transportation or transmission of intelligence. Consultant agrees that this clause shall be included in all lower tier contracts hereunder as appropriate.

6. Clean Air Act Compliance

If this subject Agreement is in excess of \$100,000, Consultant agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

7. Notice as Required Under Public Law 103-333

The Consultant is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.

8. Americans with Disabilities Act

This Agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Consultant shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.

9. Required Federal Certifications

Acceptance of this Agreement by Consultant constitutes certification that the Consultant is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.

Acceptance of this Agreement constitutes certification that the Consultant is not delinquent on any Federal debt.

Acceptance of this Agreement constitutes certification by the Consultant that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the Consultant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

If funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a Federal contract, grant, loan, or cooperative agreement, the Consultant shall complete and submit to HRI the Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Acceptance of this Agreement constitutes certification by the Consultant that it shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.

The Consultant shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The Consultant agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

TO BE COMPLETED ON BIDDER'S LETTERHEAD

[INSERT CURRENT DATE]

Ian Brissette
Bureau of Chronic Disease Evaluation and Research
1084 Corning Tower
Albany, NY 12237-0679

RE: Behavioral Risk Factor Surveillance System (BRFSS) RFP # 15500

Dear Mr. Brissette,

[Insert Bidder's complete name and address, including the name, mailing address, email address, fax number and telephone number for both the authorized signatory and the person to be contacted regarding the proposal]
submits this firm and binding offer to the Department in response to the above-referenced RFP and agrees as follows:

1. Bidder represents and warrants that Bidder's call center and call center staff are based in the continental United States. In particular they are located at the following address **[Insert address of call center]**;
2. Bidder represents and warrants that Bidder has a minimum of one (1) year of telephone based survey experience; and;
3. Bidder represents and warrants that Bidder has a minimum of one (1) year of experience using CATI application software methodology

The undersigned individual affirms and represents that he/she has the legal authority and capacity to sign and submit this bid on behalf of **[Insert Bidder's Name]** as well as to execute a contract with the Department.

Signature of Authorized Official

Printed Name of Authorized Official