



2011

**Behavioral Risk Factor Surveillance System
Questionnaire**

**Feb 25, 2011
VERSION 10 Final**

Behavioral Risk Factor Surveillance System 2011 Draft Questionnaire

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Interviewer's Script

HELLO, I am calling for the New Mexico Department of Health . My name is (name) . We are gathering information about the health of New Mexico 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 in New Mexico ?

If "no,"

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

Is this a cellular telephone?

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

If "yes,"

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

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

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 4

To the correct respondent:

HELLO, I am calling for the New Mexico Department of Health. My name is (name). We are gathering information about the health of New Mexico 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 1-877-325-8226.

Section 1: Health Status

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

Please read:

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

Do not read:

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

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

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

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

Number of days [2.3 Cannot be greater than the sum of 2.1 + 2.2]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Module 1: Pre-Diabetes

CATI note: If Q6.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q6.13, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

NOTE: Only asked of those not responding "Yes" (code = 1) to Core Q6.13 (Diabetes awareness question).

M1.1 Have you had a test for high blood sugar or diabetes within the past three years?

(246)

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

CATI note: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

M1.2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

(247)

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

Module 2: Diabetes

To be asked following Core Q6.13; if response is "Yes" (code = 1)

M2.1 How old were you when you were told you have diabetes? (248-249)

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

M2.2 Are you now taking insulin? (250)

1 Yes
 2 No
 9 Refused

M2.3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (251-253)

1 -- Times per day
 2 -- Times per week
 3 -- Times per month
 4 -- Times per year
 8 8 8 Never
 7 7 7 Don't know / Not sure
 9 9 9 Refused

M2.4 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (254-256)

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

M2.5 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (257-258)

- Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M2.6 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (259-260)

- Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

M2.7 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (261-262)

- Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M2.8 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (263)

Read only if necessary:

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

Do not read:

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

M2.9 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (264)

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

M2.10 Have you ever taken a course or class in how to manage your diabetes yourself? (265)

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

Section 7: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life? (102)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.2 Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

CATI note: if Q7.2 = 3 (not at all); continue. Otherwise go to Q7.5

7.4 How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- 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

7.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose') Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

(107)

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

Do not read:

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

Section 8: Demographics

8.1 What is your age? (108-109)

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

OR = TO 45 TRIGGERS FALLS QUESTIONS

8.2 Are you Hispanic or Latino? (110)

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

8.3 Which one or more of the following would you say is your race? Would you say... (111-116)

(Check all that apply)

CATI Note: If 8.2 = 1, Read 8.3 as 'White Hispanic, Black Hispanic, etc.'

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native **(If ONLY response =5 go to SAM2.1)**
- 6 Other [specify]_____
- 7 Don't Know/Not Sure
- 9 Refused
- 8 No additional choices

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? (117)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native **(If response =5 go to SAM2.1)**
- 6 Other [specify]_____

Do not read:

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

STATE ADDED MODULE 2: TRIBAL AFFILIATION

NM SAM1, 2010, NM SAM 1, 2009; NM SAM 1, 2008; NM SAM 1, 2007

**** CQC Nov. 14, 2010 ***** The note below are from my comments in the CI3 code. Don't know if you want to include them in final document or not. *****

Below code before 2010 was when 8.3 if (TotRace = 1 and "your race" = 5) or 8.4 (Best race = 5) ask. In 2010 this was modified to be when 8.3 if "your race" has a "5" as a choice (even as one of multiple choices) then ask.

CATI: ASK IF 8.4 CONTAINS '5' AS ONE OF THE RESPONSES)

NM2.1 What is your main tribe?

(573)

Guidance: What is your tribal affiliation or tribal enrollment?

1. Apache (Jicarilla / Mescalero)
2. Navajo/Dine
3. Pueblo (Any of the 19 NM Pueblos)
4. Other, specify _____
7. Don't know/Not sure
9. Refused

(ask question below if NM2.1 = "4. Other")
NM2Q1ot Other (specify): (Open End answer)

(574-593)

STATE ADDED MODULE 3: HEALTH CARE COVERAGE

NM SAM 2.1, 2010, NM SAM 2, 2009; NM SAM 7, 2008

CATI: IF 3.1=2, 7,9 (>1) AND when 8.3 if "your race" has a "5" as a choice (even as one of multiple choices) THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO NM4.1

NM3.1 Do you have access to health care through Indian Health Services (IHS)?

(594)

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

NM 2011 STATE MODULE QUESTION 4: SEXUAL ORIENTATION

NM2010 SAM3.1
REVISED FOR 2009, SAM 5
NM 2008 SAM 2
NM 2007 SAM 5
NM 2006 SAM 4
NM 2005 SAM 2

NM4.1 Do you consider yourself to be one or more of the following: *(Say the letter so that they can respond by letter)*

(595-599)

[CATI PLEASE PROGRAM FOR UP TO 5 RESPONSES]

1. A Straight
2. B Gay or Lesbian
3. C Bisexual
4. D Transgender

[If pause or refusal/none of the above, also say...]
You can name a different category if that fits you better

8. E Other _SPECIFY_____
7. Don't know/Not sure
9. Refused

(ask question below if NM4.1 = "8. Other")
NM4Q1ot Other (specify): (Open End answer)

(600-619)

Notes for Interviewers:

If respondents need clarification on the lettered choices above, use the following definitions:

- A. Straight: have sex with, or are primarily attracted to people of the opposite sex
- B. Gay or Lesbian: have sex with, or are primarily attracted to people of the same sex
- C. Bisexual: have sex with or are attracted to people of both sexes
- D. Transgender: While many gender variant people might identify as transgender, one familiar type of transgender person is a man who has a sex change to become a woman.

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. (118)

- 1 Yes
- 2 No

Do not read:

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

STATE ADDED MODULE 5: HEALTH CARE COVERAGE CONTINUED

CATI: IF 3.1=2, 7,9 (>1) AND when 8.3 if "your race" has a "5" as a choice (even as one of multiple choices) THEN ASK FOLLOWING QUESTION OTHERWISE CONTINUE TO 8.6

NM5.1 Do you have access to health care through the United States Armed Forces or the VA? (620)

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

8.6 Are you...? (119)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 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? (120-121)

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

TRIGGERS RANDOM CHILD SELECTION

8.8 What is the highest grade or year of school you completed? (122)

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...? (123)

Please read:

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

Do not read:

- 9 Refused

ANSWERS TO 8.9 OF 1,2,4 TRIGGERS THE LAST QUESTIONS ON BUSINESS AND INDUSTRY

8.10 Is your annual household income from all sources— (124-125)

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? (126-129)

NOTE: If respondent answers in metrics, put "9" in column 126.

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? (130-133)

NOTE: If respondent answers in metrics, put "9" in column 130.

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? (134-136)

- 7 7 7 ANSI county code (formerly FIPS code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.14 What is the ZIP Code where you live? (137-141)

- 7 7 7 7 7 ZIP Code (NM Zip Codes 87000-88999)
- 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. (142)

- 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? (143)

- 7 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. (144)

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

8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

8.20 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? (147-149)

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

8.21 Do you own or rent your home? (150)

- 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.

8.22 Indicate sex of respondent. Ask only if necessary. (151)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

8.23 To your knowledge, are you now pregnant? (152)

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

Section 9: 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?"

9.1 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. (153-155)

- 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 9.6.

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.

9.2 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. (156-158)

- 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.).

9.3 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. (159-161)

- 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.

9.4 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? (162-164)

- 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.

9.5 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? (165-167)

- 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).

9.6 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. (168-170)

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

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.

Section 10: 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.

10.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (171)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q10.8] |
| 7 | Don't know / Not sure | [Go to Q10.8] |
| 9 | Refused | [Go to Q10.8] |

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- | | | |
|-----|-----------------------|---------------------|
| | (Specify) | [See Coding List A] |
| 7 7 | Don't know / Not Sure | [Go to Q10.8] |
| 9 9 | Refused | [Go to Q10.8] |

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

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

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

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

- | | |
|-------|-----------------------|
| . | Hours and minutes |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

10.5 What other type of physical activity gave you the next most exercise during the past month? (180-181)

	(Specify)	[See Coding List A]
8 8	No other activity	[Go to Q10.8]
7 7	Don't know / Not Sure	[Go to Q10.8]
9 9	Refused	[Go to Q10.8]

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

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month? (182-184)

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

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

· _ _	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

10.8 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. (188-190)

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 11: Disability

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

11.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)

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

11.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (192)

NOTE: Include occasional use or use in certain circumstances.

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

Section 12: Arthritis Burden

If Q6.9 = 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.

12.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)

- 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: Q12.2 should be asked of all respondents regardless of employment status.

12.2 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? (194)

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

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether 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."

12.3 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? (195)

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."

- 12.4** 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. (196-197)

7 7 Enter number [00-10]
Don't know / Not sure
9 9 Refused

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (198)

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 14: Immunization

- 14.1** Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

1 Yes
 2 No [Go to Q14.4]
 7 Don't know / Not sure [Go to Q14.4]
 9 Refused [Go to Q14.4]

- 14.2** 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? (200-205)

 / Month / Year
 77 / 77 77 Don't know / Not sure
 99 / 99 99 Refused

- 14.3** At what kind of place did you get your last flu shot/vaccine? (206-207)

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

Do not read:

99 Refused

- 14.4** 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? (208)

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

Section 15: Alcohol Consumption

15.1 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?

(209-211)

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]

15.2 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?

(212-213)

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

15.3 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?

(214-215)

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

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

(216-217)

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

Section 16: HIV/AIDS

CATI NOTE: ASKED OF ALL RESPONDENTS

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. (218)

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

16.2 Not including blood donations, in what month and year was your last HIV test? (219-224)

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.

<u> </u> / <u> </u>	Code month and year
<u>77</u> / <u>7777</u>	Don't know / Not sure
99 / 9999	Refused / Not sure

16.3 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (225)

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

Optional Modules

OPTIONAL MODULE: Module 26: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

M26.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (435-436)

--	01-14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

M26.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (437-438)

--	01-14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

M26.3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (439-440)

--	01-14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

M26.4 Over the last 2 weeks, how many days have you felt tired or had little energy? (441-442)

--	01-14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

M26.5 Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (443-444)

--	01-14 days
8 8	None
7 7	Don't know / Not sure
9 9	Refused

M26.6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (445-446)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M26.7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (447-448)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M26.8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (449-450)

- 01-14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

M26.9 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? (451)

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

M26.10 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (452)

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

State Added Module 7: SUICIDE

NM 2010 SAM7, NM 2006 BRFSS SAM 5: Suicide

Next, I have some questions on some other health related topics.

NM7.1 In the past year, have you felt so low at times that you thought about committing suicide? (621)

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

NM7.2 Have you ever attempted suicide? (622)

1. Yes
2. No *GO TO NEXT SECTION*
7. Don't Know/Not Sure *GO TO NEXT SECTION*
9. Refused *GO TO NEXT SECTION*

NM7.3 In the past year, have you attempted suicide? (623)

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

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the National Suicide Prevention Lifeline number 1-800-273-TALK/800 273-8255. Would you like me to repeat this number? (624)

OPTIONAL Module 32: 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."

M32.1 What is the birth month and year of the "Xth" child? (488-493)

$\begin{array}{c} _ _ _ / _ _ _ _ _ _ \\ 7 \ 7 / 7 \ 7 \ 7 \ 7 \ 7 \\ 9 \ 9 / 9 \ 9 \ 9 \ 9 \end{array}$	Code month and year 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 ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

M32.2 Is the child a boy or a girl? (494)

1	Boy
2	Girl
9	Refused

M32.3 Is the child Hispanic or Latino? (495)

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

M32.4 Which one or more of the following would you say is the race of the child? (496-501)

[Check all that apply]

Please read:

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

Do not read:

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

CATI NOTE: If more than one response to Q4, continue. Otherwise, go to Q6.

M32.5 Which one of these groups would you say best represents the child's race? (502)

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

M32.6 How are you related to the child? (503)

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

OPTIONAL Module 33: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you about the "Xth" [CATI: please fill in correct number] child.

M33.1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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

M33.2 Does the child still have asthma? (506)

- | | |
|---|-----------------------|
| 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 and anyone in your household give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time? (515)

- | | | |
|---|-----|--------------------------|
| 1 | Yes | |
| 2 | No | Go to Next Module |

FName

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

10 _____ Enter first name, initials, nickname
 D= Don't Know/Not Sure
 R= Refused

Instructions: If Adult is selected for AFU then skip to CB Time

CName

Can I please have your child's first name, or initials so we can ask about that child's asthma history?

10 _____ Enter first name or initials
 D= Don't Know/Not Sure
 R= Refused

Instructions: Note: if more than one child ask: This is the [Child's age] old child which is the [order of child, ex. 'second child].

MostKnow [Ask question if Child is selected].

Are you the parent or guardian in the household who knows the most about Child's (CNAME) asthma?

- | | | |
|---|---------------------|-----------------|
| 1 | Yes | skip to CBTime |
| 2 | No | skip to OthName |
| 7 | Don't Know/Not Sure | skip to CBTime |

OthName [Ask question if Child is selected]

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?

10 _____ Enter first name or initials
D= Don't Know/Not Sure
R= Refused

CBTime

What is a good time to call you back? For example, evenings, days or weekends?

Instructions: If another parent or guardian is selected in MostKnow then display "What is a good time to call back and speak with [OthName]?"

10 _____

STATE ADDED MODULE 8: FALLS

CATI: To be asked of people age 45 years and older...

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

NM8.1. In the past 3 months, how many times have you fallen? (627-629)

Number of times (1 – 300)

- 888. None **skip to next section**
- 777. Don't know/Not sure
- 999. Refused

NM8.2. How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor? (630-632)

Note: If response is 'NO' code '888'.

Number of falls (1 – 300)

- 888. None
- 777. Don't know/Not sure
- 999. Refused

NM8.3. Has your primary care physician or other health care provider ever talked to you or given you information about ways you can prevent falls? (633)

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

NM8.4. After your most recent fall, did you decrease, increase, or not change your activity in order to help keep from falling again? (634)

- 1. Increased
- 2. Decreased
- 3. No change in activity
- 7. Don't know/Not sure
- 9. Refused

STATE ADDED MODULE 9: INDUSTRY AND OCCUPATION

CATI: If the response to 8.9 is one of the following: 1 Employed for wages, 2 Self-employed, 4 Out of work for less than 1 year, then ask these two questions:

NM9.1. Which one of the following would you say best represents your occupation or job? (635-636)

INTERVIEWER GUIDANCE: An *occupation* is the kind of work a person does for a living (i.e. the job title or description of the main tasks or duties performed, such as farming or sales).

Please Read List:

- 01 Management, business and financial operations
- 02 Professional and related
- 03 Service
- 04 Sales and related
- 05 Office and administrative support
- 06 Farming, fishing and forestry
- 07 Construction and extraction
- 07 Installation, maintenance and repair
- 08 Production
- 09 Transportation and material moving
- 66 Other
- 77 Don't know/not sure
- 99 Refused

NM9.2. What kind of business or industry do you work in? (Read list) (657-658)

INTERVIEWER GUIDANCE: An *industry* is the type of activity or business at a person's place of work (the primary goods produced or services provided by the employer).

Please Read List:

- 01 Health Care and Social Assistance
- 02 Educational Services
- 03 Wholesale, Retail Trade
- 04 Public Administration
- 05 Construction
- 06 Professional, Scientific and Technical Services
- 07 Leisure and Hospitality
- 66 Other
- 77 Don't know/not sure
- 99 Refused

Closing Statement or Transition to Modules and/or State-Added Questions

Closing Statement

Please read:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

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

Code Description (Physical Activity, Questions 10.2 and 10.5 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, 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 0 Other_____
3 0 Mountain climbing	
3 1 Mowing lawn	9 9 Refused
3 2 Paddleball	
3 3 Painting/papering house	
3 4 Pilates	
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	

