

RESPONDENT ID	
DATE	
INTERVIEWER ...	
TOTAL TIME	

ICARIS-2 Public Use Data Set
Appendix D – Survey Instrument

**SECOND INJURY CONTROL AND
RISK SURVEY (ICARIS – 2)**

Prepared for:
National Center for Injury Prevention and Control
Division of Unintentional Injury

Prepared by:
Battelle
Centers for Public Health Research and Evaluation
Baltimore, Maryland

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Instructions for questionnaire users of ICARIS-2

Note that the following codes will be used throughout the questionnaire ...

- 6, 96, 996, ... Not Applicable. The question was asked of a respondent (“R”) but “R” answered that the question did not apply to them.
- 7, 97, 997, ... Not Applicable (SKIP). The question was NOT asked of the respondent due to an interviewer skip instruction.
- 8, 98, 998, ... Don’t Know. The question was asked of a respondent who answered that they did not know.
- 9, 99, 999, ... Refusal. The question was asked of a respondent who refused to provide an answer.

If a question that is on the interview path is inadvertently skipped, and the data cannot be retrieved, the answer will be left blank (coded as “dot”). Thus, the only blank values (“dots”) that should appear in the data set will be those for inadvertently skipped questions.

User hints regarding the format of the hard-copy version of the interview (as it appears in the electronic code book files).

- Variables appearing in parenthesis were created for CATI programming purposes and will not appear on the final data delivery.
- Words to be read out loud by the interviewer appear in mixed (upper and lower) case.
- Directions to the interviewer, or answers that are NOT to be read out loud, appear in UPPER CASE only.
- DK (Don’t Know) and RF (Refused) are available responses for all questions asked, even if they do not appear in the code book for a given question.
- The code book should indicate a response of N/A (Not Applicable) only in those instances where a question could be skipped.

Additional user notes:

- Although not listed in the questionnaire, several weight variables created by the contractor will appear on the final data delivery. These weights are necessary to properly analyze the data using SUDAAN software or some other software package that takes into account the complex nature of the survey design. These weight variables are described in detail in the contractor’s final report.
- In January of 2002 (01/10/2001), a module was added to assess posttraumatic stress disorder or PTSD (in response to the terrorist attacks of September 11th). A second set of weights was created for analyses involving variables from this module. A description of these weights can also be found in the contractor’s final report.
- Each data user should take the time to understand the skip patterns employed in the modules they will be analyzing and make his/her own decisions regarding how responses coded as not applicable, don’t know and refused should be handled in the analysis.
- Prior to analyzing the data, the user should refer to the various files, produced both by the contractor and CDC addressing data quality issues.

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ICARIS-2 Telephone Screener Script

I. INTRODUCTION:

Hello, I'm _____, calling on behalf of the U.S. Centers for Disease Control and Prevention. We are conducting a nationwide research study to learn more about how to prevent injuries.

SC1. Is this a residence?

IF NO – I'm sorry. I am looking for a household. Goodbye. **COMPUTER WILL CODE AS BUSINESS AND BRING UP NEXT NUMBER TO DIAL**

IF YES, CONTINUE

INTERVIEWER CODE WHETHER TO CONTINUE INTERVIEW IN ENGLISH OR SPANISH

II. SCREENING:

I would like to ask a household member who is 18 years of age or older a few questions to see if an adult in your household is eligible for the study.

IF SPEAKING TO AN APPROPRIATE RESPONDENT, CONTINUE (COMPUTER WILL ASK YOU TO RECORD GENDER OF ADULT TO WHOM YOU ARE SPEAKING)

IF A NEW RESPONDENT COMES TO THE PHONE, REPEAT PARAGRAPHS I AND II AND CONTINUE (COMPUTER WILL ASK YOU TO RECORD GENDER OF ADULT TO WHOM YOU ARE SPEAKING)

IF ADULT MEMBER OF HOUSEHOLD IS NOT AVAILABLE TO COME TO THE PHONE, ASK: When could I call back to reach an adult member of this household? **GO TO APPOINTMENT TAB AND RECORD DATE AND TIME OF SUGGESTED CALL BACK**

III. INCENTIVE:

In appreciation for their time and effort the person interviewed in the study will be sent a phone card, that is a card that will provide 100 minutes of pre-paid long distance phone service, or they may choose to have us donate \$5.00 to the National SAFE KIDS Campaign or to the September 11th Fund, a joint endeavor between the United Way and the New York City Trust. (This is a special fund set up to respond to the immediate and longer term needs of victims, their families, and communities affected by the events of September 11th.)

IF PERSON REFUSES PRIOR TO OR DURING SCREENING <u>BEFORE</u> ELIGIBLE RESPONDENT IS IDENTIFIED, SELECT A REFUSAL TAB AND CODE <i>REFUSED SCREENING</i>

SC2. How many men in your household are 18 years of age or older?

RECORD NUMBER

SC3. How many women in your household are 18 years of age or older?

RECORD NUMBER

SC4. How many children under age 18 live here all or most of the year?

RECORD NUMBER

IF SC2 + SC3 = 1 (YOU ARE SPEAKING TO THE ADULT IN A ONE ADULT HOUSEHOLD), READ:
You are eligible to participate in the study. **GO TO PARAGRAPH IV**

SC5. Are any of the people who live in this house related to each other?

RECORD ANSWER

BASED ON ANSWERS TO SC2 AND SC3, THE COMPUTER WILL PICK AN APPROPRIATE GENDER

IF SPEAKING TO THE ONLY ADULT OF THE SELECTED GENDER, READ: You are eligible to participate in the study. **GO TO PARAGRAPH IV**

IF SELECTED GENDER IS OPPOSITE OF RESPONDENT, AND ONLY ONE PERSON OF SELECTED GENDER IS IN HOUSEHOLD, READ: May I please speak with the (male/female) in the household?

IF A NEW RESPONDENT COMES TO THE PHONE, REPEAT PARAGRAPHS I AND III AND CONTINUE WITH PARAGRAPH IV

IF OTHER ADULT IS NOT AVAILABLE TO COME TO THE PHONE, ASK: When could I call back to reach (him/her)? Whom should I ask for when I call back? **GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK**

IF HOUSEHOLD HAS MORE THAN ONE ADULT OF SELECTED GENDER, READ: May I please speak to the (man/woman) who is 18 years or older who had the most recent birthday?

IF SPEAKING TO SELECTED RESPONDENT, READ: You are eligible to participate in the study. **GO TO PARAGRAPH IV**

IF A NEW RESPONDENT COMES TO THE PHONE, REPEAT PARAGRAPHS I AND III AND CONTINUE WITH PARAGRAPH IV

IF OTHER ADULT IS NOT AVAILABLE TO COME TO THE PHONE, ASK: When could I call back to reach (him/her)? Whom should I ask for when I call back? **GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK**

IV. PARTICIPATION:

Participation in this study is completely voluntary and we'd very much appreciate your help. The interview covers topics such as smoke detectors, seat belt use, sports injuries, firearms, suicide, violence, and reactions to the terrorist attacks on September 11th; and some of the questions may make you uncomfortable. All the information given us will be kept private. **We do not ask for any personal information that identifies you and we specifically ask that you do not provide your full name or any other identifying information. Please use first names only. You may refuse to answer any questions.**

RECORD ONLY FIRST NAMES OR NICKNAMES THROUGHOUT SCREENER AND QUESTIONNAIRE. DO NOT INCLUDE ANY IDENTIFYING INFORMATION IN THE CATI INSTRUMENT.

Additionally, you can end the interview at any time. The interview takes, on average, about 35 minutes. Although there are no direct benefits to you, by answering this survey you can help us learn how to better prevent injuries. If you have any questions about this study or your rights as a research subject in this survey I will provide a toll free number for you to get more information.

IF RESPONDENT REQUESTS NUMBERS, READ: For questions about rights as a research subject, call 1-800-584- 8814. For questions or information about other aspects of the survey, call Marcie-jo Kresnow at 1-770-488-4753.

My supervisor may monitor this call for quality purposes.

IF IDENTIFIED RESPONDENT REFUSES TO PARTICIPATE, SELECT A REFUSAL TAB AND CODE <i>REFUSED INTERVIEW</i>
--

SC6. Is this a good time to continue with the interview?

IF YES, CONTINUE WITH INTERVIEW

IF NO, ASK: When would be a good time to call back? Whom should I ask for when I call back? **GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK**

MODULE 1: DEMOGRAPHICS AND HOME

I would like to ask you for some general background information. If at any time you do not understand a question or words please ask for clarification.

- DH1. CODE SEX OF RESPONDENT, ASK IF NECESSARY. MALE..... 1
Are you male or female? FEMALE 2
- DH2. What year were you born? YEAR OF BIRTH.....(SKIP TO DH3)
DK 9998
RF 9999
- DH2a. Are you younger than 65 years old? YES..... 1
NO 2
DK 8
RF 9
N/A (SKIP) 7

SKIP TO DH4

**PROGRAMMER NOTE: IF DH2A = 1 OR 8 OR 9, FOLLOW SKIPS FOR R BEING < 65.
IF DH2A = 2, FOLLOW SKIPS FOR R BEING ≥ 65.**

- DH3. What month were you born? MONTH..... (SKIP TO DH3B).....
DK 98
RF 99
N/A (SKIP) 97
- DH3a. Have you already had your birthday this calendar year, that YES, OR TODAY IS BIRTHDAY..... 1
is (YEAR)? NO, NOT YET..... 2
N/A (SKIP) 7

SKIP TO RESPAGE

**IF DH3 = CURRENT MONTH ASK DH3B. ELSE,
SKIP TO RESPAGE.**

- DH3b. Have you already had your birthday this month? YES OR TODAY IS BIRTHDAY..... 1
NO, NOT YET..... 2
N/A (SKIP) 7

- Resp CALCULATE AGE OF RESPONDENT AGE
Age N/A (SKIP) 997

**PROGRAMMER NOTE: IF DH3 = 97, RESPAGE = 998 (UNKNOWN) [END]
RESPAGE = CURRENT YEAR – DH2
IF DH3 = 98 OR 99 AND DH3A = 2 OR 8 OR 9, RESPAGE = RESPAGE –1 [END]
IF DH3>CURRENT MONTH OR DH3B = 2 OR 8 OR 9, RESPAGE = RESPAGE –1 [END]**

IF SC4 = 00,98 OR 99, SKIP TO DH5.

DH4. How many children age 14 and younger live here all or most of the year?

NUMBER OF CHILDREN	<input type="text"/>	<input type="text"/>	<input type="text"/>
NONE	0		
N/A (SKIP)	97		

DH5. Which of the following **best** describes the building you live in? Please stop me when I read the correct category.

A one-family house not attached to any other house.....	1
A one-family house attached to one or more homes	2
A mobile home or trailer	3
A building with only 2 apartments	4
A building with just 3 to 4 apartments	5
A building with 5 or more apartments.....	6
Or something else	7

DH6. Does more than one telephone number ring in this (house/mobile home/apartment/home)? Do not include cell phones or telephone lines that are only answered by a computer or other machine.

YES.....	1
NO	(SKIP TO F1).....2
DK	(SKIP TO F1).....8
RF	(SKIP TO F1).....9

**PROGRAMMER NOTE: FILL BASED ON DH5. IF DH5=01 OR 02, USE HOUSE.
 IF DH5=03, USE MOBILE HOME.
 IF DH5=04, 05, OR 06, USE APARTMENT.
 IF DH5=07, OR 98, OR 99, USE HOME.**

DH7. Including the number I just dialed, how many different numbers ring in this home?

TOTAL TELEPHONE NUMBERS	<input type="text"/>	<input type="text"/>	<input type="text"/>
N/A (SKIP)	97		

MODULE 2: RESIDENTIAL FIRE SAFETY

The following questions are about fire safety.

F1.	Are there any smoke alarms or smoke detectors installed in your home?	YES1 NO..... (SKIP TO F5)2 DK..... (SKIP TO F5)8 RF..... (SKIP TO F5)9
F2.	Is there at least one working smoke detector on each floor of your home? Include a finished basement or attic.	YES1 NO.....2 N/A (SKIP)7
F3.	Is there a smoke detector in or just outside the area where you sleep?	YES1 NO.....2 N/A (SKIP)7
F4.	How often do you test your smoke detectors? Would you say (READ ANSWERS)? (PROMPT: Testing a smoke detector means physically pressing the test button on the smoke detector, either by hand or with an object such as a broom handle if hard to reach, and holding it for several seconds until it sounds.)	Once a year1 Every six months.....2 Once a month3 Never.....4 OTHER5 N/A (SKIP)7
F5.	In the past 12 months, that is since (MONTH/YEAR), have you had an uncontrolled fire in your home? (PROMPT: Controlled fires such as a fireplace or grill are not included.)	YES1 NO..... (SKIP TO F7)2 DK..... (SKIP TO F7)8 RF..... (SKIP TO F7)9
F6.	Were you or anyone else in your household injured as a result of this fire? (PROMPT: Include burns, smoke inhalation, or injuries from falling debris.)	YES1 NO.....2 N/A (SKIP)7
F7.	Have you and your family designed a fire escape plan?	YES1 NO..... (SKIP TO SR1)2 DK..... (SKIP TO SR1)8 RF..... (SKIP TO SR1)9
F8.	How often do you and your family practice your fire escape plan? Would you say (READ ANSWERS)?	Once a year1 Every six months.....2 Once a month3 Never.....4 OTHER5 N/A (SKIP)7

MODULE 3: SPORTS/RECREATION

Now I'd like to ask you questions about sports activities.

SR1. In the past 30 days, that is since (MONTH AND DATE), what have you spent the most time doing for physical activity or exercise?

AEROBIC DANCE.....	1
AEROBICS (STEP).....	2
BADMINTON.....	3
BASEBALL.....	4
BASKETBALL.....	5
BICYCLING.....	6
MOUNTAIN BIKING.....	7
FITNESS WALKING.....	8
FOOTBALL (TOUCH).....	9
FOOTBALL (TACKLE).....	10
GOLF.....	11
HIKING/BACKPACKING.....	12
ICE HOCKEY.....	13
MOUNTAIN/ROCK CLIMBING.....	14
FREE WEIGHTS.....	15
RESISTANCE MACHINE EXERCISE.....	16
ROWING MACHINE EXERCISE.....	17
STATIONARY CYCLING.....	18
HOME GYM EXERCISE.....	19
TREADMILL EXERCISE.....	20
STAIR-CLIMBING MACHINE EXERCISE.....	21
RACQUETBALL.....	22
ROLLER HOCKEY.....	23
ROLLER SKATING (2X2).....	24
ROLLER SKATING (IN LINE).....	25
RUNNING/JOGGING.....	26
SKATEBOARDING.....	27
SKIING CROSS-COUNTRY.....	28
SKIING DOWNHILL.....	29
SNOWBOARDING.....	30
SOCCER.....	31
SOFTBALL (SLOW PITCH).....	32
SOFTBALL (FAST PITCH).....	33
SWIMMING (FITNESS).....	34
TENNIS.....	35
VOLLEYBALL (HARD SURFACE).....	36
VOLLEYBALL (SAND/BEACH).....	37
WATER SKIING.....	38
EQUESTRIAN.....	39
OTHER..... (SPECIFY).....	40
NO ACTIVITIES FOR EXERCISE..(SKIP TO FE1).....	41
DK.....(SKIP TO FE1).....	98
RF.....(SKIP TO FE1).....	99

SR1 Code SPECIFY: _____

EDITOR NOTE: USE CODES 42 - 95 ONLY IN SR1CODE.

PROGRAMMER NOTE: IF SR1CODE IS NOT BEING GIVEN A VALUE (WHEN SR1 IS NOT 40), FILL WITH 97. FOLLOW THIS RULE FOR ALL CODE VARIABLES.

SR2. In the past 30 days, have you been injured while (ANSWER FROM SR1) so that you changed your daily activities or sought medical care? (PROMPT: If injured more than once in this activity, think of the most severe injury.)

YES1
 NO..... (SKIP TO SR4).....2
 DK..... (SKIP TO SR4).....8
 RF..... (SKIP TO SR4).....9
 N/A (SKIP)7

SR3. If you went for medical or health care for the injury, where did you go first to receive care? (PROMPT: Did you go to an emergency department or urgent care clinic or a personal physician?)

URGENT CARE CLINIC..... 1
 EMERGENCY DEPARTMENT 2
 SPORT MEDICINE CLINIC 3
 ORTHOPEDIC PHYSICIAN OFFICE..... 4
 PERSONAL PHYSICIAN OFFICE 5
 CHIROPRACTOR OFFICE 6
 DIDN'T SEEK CARE 7
 OTHER (SPECIFY) 8
 N/A (SKIP)97

SR3 Code SPECIFY: _____

EDITOR NOTE: USE CODES 9 - 95 ONLY IN SR3CODE.

SR4. How often do you perform movements designed to stretch your muscles before you start (ACTIVITY FROM SR1)? Would you say (READ ANSWERS)?

Always1
 More than half the time2
 About half the time3
 Less than half the time4
 Or never5
 N/A (SKIP)7

MODULE 4: FALLS AMONG THE ELDERLY

IF RESPAGE < 65, SKIP TO K1.

Many older adults are concerned about falling and perhaps being injured. I'd like to ask you a few questions about falls.

FE1. On a scale of 1 to 5, how would you rate your fear of falling? One is not at all afraid and 5 is extremely afraid.

NOT AT ALL AFRAID	1	2	3	4	EXTREMELY AFRAID
N/A (SKIP)					7

FE2. On a scale from 1 to 5, how important do you believe it is to be physically active in order to keep from falling? One is not at all important and 5 is extremely important.

NOT AT ALL IMPORTANT	1	2	3	4	EXTREMELY IMPORTANT
N/A (SKIP)					7

These next few questions have yes or no answers.

FE3. In the past 12 months, that is since (MONTH, YEAR), has your doctor or pharmacist actually reviewed with you each bottle or jar of medication you are on? THIS DOES NOT INCLUDE DOCTOR REVIEWING A WRITTEN LIST OF MEDICATIONS; MAKE SURE TO DISTINGUISH BETWEEN "NO" AND "DON'T TAKE MEDICINES". IF "NO" RESPONSE THEN PROMPT AS NEEDED. (PROMPT: Is this because you don't take medicines?)

YES	1
NO.....	2
DON'T TAKE ANY MEDICINES	3
N/A (SKIP)	7

FE4. In the past 3 months, that is since (MONTH AND DATE) have you fallen?

YES	1
NO..... (SKIP TO K1)	2
DK..... (SKIP TO K1)	8
RF..... (SKIP TO K1)	9
N/A (SKIP)	7

FE5. Were you injured in your most recent fall?

YES	1
NO..... (SKIP TO FE7)	2
DK..... (SKIP TO FE7)	8
RF..... (SKIP TO FE7)	9
N/A (SKIP)	7

FE6. Did you get medical treatment for this injury?

YES	1
NO.....	2
N/A (SKIP)	7

FE7. After your fall, did you decrease, increase, or not change your physical activity in order to help keep from falling again?

INCREASED	1
DID NOT CHANGE.....	2
DECREASED	3
HAVE NOT RECOVERED	4
N/A (SKIP)	7

FE8.	Did you or anyone else make any changes in your home environment to help keep you from falling again? (PROMPT: Examples of environmental changes include getting rid of throw rugs or putting grab bars up in the bathroom.)	YES1 NO.....2 N/A (SKIP)7
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IF FE3=3, SKIP TO K1.

FE9.	After your fall, did your doctor change any of your medicines because he or she said the medicines may have caused you to fall?	YES1 NO.....2 N/A (SKIP)7
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MODULE 5: ENUMERATION OF CHILDREN IN HOUSEHOLD

IF DH4=97, SKIP TO A1.

IF DH4=00, 98 OR 99 AND SC4>0, STORE SC4 IN NK0418Y AND SKIP TO A1.

Now let's consider the (child under the age of 15 / [DH4 ANSWER] children under the age of 15) in the home.

COMPLETE ONE LINE FOR EACH CHILD COUNTED IN DH4.

	(K1.) What is the (oldest/next) child's first name or nickname?	K2U.			K2.	K3.		
		YRS	MOS	N/A(SKIP)	AGE	BOY	GIRL	N/A(SKIP)
		What is (CHILD)'s age? • <i>USE MONTHS IF < 2 YEARS OLD</i> • ROUND DOWN • INFANT LESS THAN 1 MONTH=0 MONTHS • INFANT OF UNKNOWN AGE=98 MONTHS • CIRCLE UNIT, THEN ENTER NUMBER				Is (CHILD) a boy or girl?		
01	_____	1	2	7		1	2	7
02	_____	1	2	7		1	2	7
03	_____	1	2	7		1	2	7
04	_____	1	2	7		1	2	7
05	_____	1	2	7		1	2	7
06	_____	1	2	7		1	2	7
07	_____	1	2	7		1	2	7
08	_____	1	2	7		1	2	7
09	_____	1	2	7		1	2	7
10	_____	1	2	7		1	2	7

NOTE: CHILDREN MUST BE LISTED IN AGE ORDER, OLDEST TO YOUNGEST.

**PROGRAMMER NOTE: IF K2U=2, ALLOW 0-23, 98, 99 FOR K2.
IF K2U=1, ALLOW 2-14, 98, 99 FOR K2.
IF K2U=7, K2=97.**

NK0014Y. **PROGRAMMER NOTE: STORE NUMBER OF CHILDREN AGED 0-14 IN NK0014Y**
 NK0009Y. **STORE NUMBER OF CHILDREN AGED 0- 9 IN NK0009Y**
 NK0514Y. **STORE NUMBER OF CHILDREN AGED 5-14 IN NK0514Y**
 NK0418Y. **STORE NUMBER OF CHILDREN AGED 4-18 IN NK0418Y**

IF NO CHILDREN UNDER 10 YEARS OLD (NK0009Y=0), SKIP TO A1.

K4. Do you have the telephone number for a poison control center posted on or near a telephone? (PROMPT: Near means within eyesight.)	YES..... 1 NO 2 N/A (SKIP) 7
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MODULE 6: ALCOHOL CONSUMPTION

The next few questions are about drinking alcohol. When I say “drink” I mean 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

A1.	During the past 30 days, that is since (MONTH AND DATE) have you had at least one drink of any alcoholic beverage such as beer, wine, wine cooler, or liquor?	YES1 NO..... (SKIP TO C1).....2 NON DRINKER (SKIP TO C1).....3 DK..... (SKIP TO C1).....8 RF..... (SKIP TO C1).....9
A2U.	During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on average? CODE UNIT AND THEN NUMBER.	ANSWER IN DAYS/WEEK1 ANSWER IN DAYS/MONTH2 DK..... (A2=98, SKIP TO A4)8 RF..... (A2=99, SKIP TO A4)9 N/A (SKIP)7
A2.		NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP)97
A3.	On the days when you drank, about how many drinks did you drink on average?	NUMBER OF DRINKS..... <input type="text"/> <input type="text"/> <input type="text"/> N/A (SKIP)97
A4.	Now, thinking about the past 12 months, that is since (MONTH, YEAR), and considering all types of alcoholic beverages, how many times during the past 12 months did you have 5 or more drinks on an occasion?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> <input type="text"/> NONE 0 95 OR MORE TIMES.....95 N/A (SKIP)97

(RESPONSE CHOICE 95 ADDED 09/2001).

MODULE 7: COUNSELING MODULE

Sometimes health care providers try to prevent health problems by talking to people. So, the next few questions are about injury counseling you might have received.

C1. During the past 12 months, that is since (MONTH, YEAR), approximately how many times did you visit a doctor's office and talk with a doctor, nurse, or healthcare provider about health issues?

NUMBER OF VISITS	<input type="text"/>	<input type="text"/>
NONE	(SKIP TO C3).....	0
DK/NOT SURE	(SKIP TO C3).....	98
RF	(SKIP TO C3).....	99

C2. During any of your visits did you receive any written information or did anyone talk/ask you about (READ a-f)?

	YES	NO	N/A (SKIP)
a. Use of seat belts.....	1	2	7
b. Drinking & driving.....	1	2	7
c. Smoke detectors or smoke alarms	1	2	7
d. Proper firearm storage.....	1	2	7
e. Family violence	1	2	7
f. Suicide.....	1	2	7

IF DH4=00, 97, 98 OR 99, SKIP TO C5.

C3CN **PROGRAMMER NOTE: RANDOMLY SELECT ONE CHILD AGED 0-14 AND RECORD CHILD NUMBER IN C3CN. FILL WITH 97 IF NO CHILD AGED 0-14.**

IF DH4>1: I will randomly select one of your children for the next question.

C3. During the past 12 months, about how many times have you taken (CHILD C3CN'S NAME) to see a doctor, nurse, or healthcare provider about a health related issue?

NUMBER OF VISITS	<input type="text"/>	<input type="text"/>
NONE	(SKIP TO C5).....	0
DK/NOT SURE	(SKIP TO C5).....	98
RF	(SKIP TO C5).....	99
N/A (SKIP)		97

C4. On any of these visits in the last 12 months, did anyone give you or (CHILD C3CN'S NAME) written information, talk or ask either of you about (READ AS AGE APPROPRIATE)?

	YES	NO	N/A (SKIP)
If selected child < 2 years of age:			
a. Using car seats, booster seats or seat belts	1	2	7
b. Smoke detectors or smoke alarms	1	2	7
c. Poison control center telephone number.....	1	2	7
If selected child 2-6 years of age:			
	YES	NO	N/A (SKIP)
a. Using car seats, booster seats or seat belts	1	2	7
b. Smoke detectors or smoke alarms	1	2	7

If selected child 2-6 years of age, continued:

	YES	NO	N/A (SKIP)
c. Poison control center telephone number.....	1	2	7
d. Proper storage of firearms	1	2	7
e. Bicycle safety helmets.....	1	2	7

If selected child 7-14 years of age:

	YES	NO	N/A (SKIP)
a. Using seat belts in a car.....	1	2	7
b. Smoke detectors or smoke alarms	1	2	7
d. Proper storage of firearms	1	2	7
e. Bicycle safety helmets.....	1	2	7

PROGRAMMER NOTE: IF CHILD'S AGE IS DK OR RF YEARS, ASK QUESTIONS FOR 2-6 YEARS OF AGE.

C5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or a government plan such as Medicare?	YES.....	1
	NO	2

MODULE 8: MOTOR VEHICLE

The next series of questions covers motor vehicles. By motor vehicle I mean a car, truck, van, or sports utility vehicle.

<p>MV1. During the times that you drove a motor vehicle in the past 30 days, that is since (MONTH AND DATE), how often did you use a seat belt? Would you say (READ ANSWERS)? IF R ANSWERS “NEVER”, PROMPT AS NEEDED: Is this because you haven’t driven in the past 30 days? IF R ANSWERS “DID NOT DRIVE”, PROMPT AS NEEDED: Was this just in the last 30 days or do you never drive?</p>	<p>Always 1 More than half of the time..... 2 Half of the time 3 Less than half of the time..... 4 Never 5 DID NOT DRIVE IN LAST 30 DAYS 6 DO NOT DRIVE/NO LICENSE 7</p>
<p>MV2. During the times that you rode as a PASSENGER in a motor vehicle during the past 30 days, how often did you use a seat belt? Would you say (READ ANSWERS)? IF R ANSWERS “NEVER”, PROMPT AS NEEDED: Is this because you haven’t ridden in the past 30 days?</p>	<p>Always 1 More than half of the time..... 2 Half of the time 3 Less than half of the time..... 4 Never 5 DID NOT RIDE IN LAST 30 DAYS 6</p>

IF MV1 = 7, SKIP TO MV4.

<p>MV3. Some people avoid certain driving situations. Do you tend to avoid driving (READ CATEGORY)?</p> <p>a. at night?</p> <p>b. in bad weather?</p> <p>c. on highways or high-speed roads?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> <th style="width: 15%;">N/A (SKIP)</th> </tr> </thead> <tbody> <tr> <td>a. at night?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> </tr> <tr> <td>b. in bad weather?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> </tr> <tr> <td>c. on highways or high-speed roads?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> </tr> </tbody> </table>		YES	NO	N/A (SKIP)	a. at night?	1	2	7	b. in bad weather?	1	2	7	c. on highways or high-speed roads?	1	2	7
	YES	NO	N/A (SKIP)														
a. at night?	1	2	7														
b. in bad weather?	1	2	7														
c. on highways or high-speed roads?	1	2	7														

IF RESPAGE < 65, SKIP TO MV4.

<p>d. on long trips?</p> <p>e. in congested traffic?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>d. on long trips?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> </tr> <tr> <td>e. in congested traffic?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> </tr> </tbody> </table>	d. on long trips?	1	2	7	e. in congested traffic?	1	2	7
d. on long trips?	1	2	7						
e. in congested traffic?	1	2	7						

<p>MV4. In the past 12 months, that is since (MONTH, YEAR), have you been involved in a motor vehicle crash or collision as either a passenger or a driver? (PROMPT: include fender-benders.)</p>	<p>YES..... 1 NO (SKIP TO MV6)..... 2 DK (SKIP TO MV6)..... 8 RF (SKIP TO MV6)..... 9</p>
---	--

<p>MV5. Did you seek medical treatment in a doctor’s office, emergency department, or hospital for any injury resulting from the crash or collision?</p>	<p>YES..... 1 NO 2 N/A (SKIP) 7</p>
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IF MV1 = 7, SKIP TO MV9.

MV6. About how many miles did you drive during the past 12 months? IF LESS THAN 500 MILES, ROUND DOWN TO NEAREST THOUSAND. IF 500 MILES OR MORE, ROUND UP TO NEAREST THOUSAND.

NOTE: A CONFIRMATION SCREEN FOR MILES DRIVEN (MV6Conf) WAS ADDED TO THE SURVEY 04/15/2002.

MV6a. Would you say it was (READ ANSWERS)?

IF RESPAGE < 65, SKIP TO MV9.

MV7. In the past 12 months, have you cut down on the amount of driving that you do because of a physical problem?

MV8. What kind of problem caused you to cut down on the driving that you do?

MV8 Code SPECIFY: _____

EDITOR NOTE: USE CODES 20 – 95 ONLY IN MV8CODE.

IF MV2 > 5, SKIP TO MV10.

DID NOT DRIVE PAST 12 MONTHS (SKIP TO MV9)..... 0
 DROVE LESS THAN 1,000 MILES (SKIP TO MV7)..... 995
 NUMBER OF MILES (SKIP TO MV7).....
 IN THOUSANDS
 DK 998
 RF 999

Less than 1,000 miles..... 1
 Less than 5,000 miles..... 2
 Less than 10,000 miles..... 3
 Less than 15,000 miles..... 4
 Less than 20,000 miles..... 5
 20,000 miles or more 6
 N/A (SKIP) 97

YES..... 1
 NO (SKIP TO MV9)..... 2
 HAVEN'T DRIVEN IN THE PAST 12 MOS (SKIP TO MV9)..... 3
 DK (SKIP TO MV9)..... 8
 RF (SKIP TO MV9)..... 9
 N/A (SKIP) 7

ARTHRITIS..... 1
 CAN'T WALK 2
 FALLING 3
 FOOT PROBLEMS 4
 FORGETFULNESS..... 5
 GET CONFUSED..... 6
 HEART ATTACK/HEART PROBLEMS/
 BLOOD PRESSURE 7
 PAIN..... 8
 PARKINSON'S DISEASE..... 9
 BLACK OUTS (SYNCOPE)..... 10
 SLOWED REACTIONS..... 11
 STROKE..... 12
 TOO OLD..... 13
 TOO NERVOUS 14
 TROUBLE BREATHING 15
 TROUBLE GETTING IN/OUT OF CAR 16
 TROUBLE STEERING..... 17
 TROUBLE SEEING/VISION PROBLEMS..... 18
 OTHER(SPECIFY)..... 19
 N/A (SKIP) 97

MV9. During the past 30 days, that is since (MONTH AND DATE), how many times have you ridden with a driver who perhaps had too much alcohol to drink?

NUMBER OF TIMES
 NONE 0
 N/A (SKIP) 97

IF MV1 > 5, SKIP TO MV11.

IF A1=2 OR 3, SKIP TO MV11.

MV10. During the past 30 days, [IF MV2>5, ADD: that is since (MONTH AND DATE),] how many times have you driven when you perhaps had too much to drink?

NUMBER OF TIMES
 NONE 0
 N/A (SKIP) 97

IF C3CN = 97, SKIP TO PED1.

MV11. During the past 30 days, [IF MV2>5, ADD: that is since (MONTH AND DATE),] how often did (CHILD C3CN'S NAME) use a child safety seat, booster seat, or seat belt when riding in a car, van, sports utility vehicle, or truck? Would you say (READ ANSWERS)? IF R ANSWERS "NEVER", PROMPT AS NEEDED: Is this because (he/she) hasn't ridden in the past 30 days?

Always 1
 More than half of the time 2
 Half of the time 3
 Less than half of the time 4
 Never (SKIP TO MV13) 5
 DID NOT RIDE IN
 LAST 30 DAYS (SKIP TO PED1) 6
 DK (SKIP TO MV13) 98
 RF (SKIP TO MV13) 99
 N/A (SKIP) 97

MV12. During that time, did (CHILD C3CN'S NAME) use a (READ a-c)?

IF K2 FOR C3CN > 10 YEARS, SKIP TO c.

a. child safety seat?
 b. booster seat?
 c. seat belt?

	YES	NO	N/A (SKIP)
a. child safety seat?	1	2	7
b. booster seat?	1	2	7
c. seat belt?	1	2	7

MV13. During the past 30 days, how often did (CHILD C3CN'S NAME) ride in the back seat? Would you say (READ ANSWERS)?

Always 1
 More than half of the time 2
 Half of the time 3
 Less than half of the time 4
 Never 5
 VEHICLE HAS NO BACK SEAT 6
 N/A (SKIP) 97

MODULE 9: CHILD PEDESTRIANS

IF NO CHILD AGED 5-14, SKIP TO W1.

Ped1 CN. **PROGRAMMER NOTE: RANDOMLY SELECT ONE CHILD AGED 5-14 AND RECORD CHILD NUMBER IN PED1CN. FILL WITH 97 IF NO CHILD AGED 5-14.**

IF C3CN DOES *NOT* EQUAL Ped1CN: I will now randomly select one of your other children for the next questions.

The next few questions are about walking, bike riding, and getting to school.

Ped1. How does (CHILD Ped1CN'S NAME) get to school most days of the week?

FAMILY CAR	1
CARPOOL	2
SCHOOL BUS	3
BICYCLE	4
WALKING.....	5
TRAIN	6
HOME-SCHOOLED(SKIP TO BIKE1).....	7
DROP-OUT(SKIP TO BIKE1).....	8
OTHER (SPECIFY)	9
N/A (SKIP)	97

Ped1 Code SPECIFY: _____

EDITOR NOTE: USE CODES 10-95 ONLY IN PED1CODE.

Ped2. During good weather, how many days a week does (CHILD Ped1CN'S NAME) usually walk to school?

NUMBER OF DAYS.....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
NONE	0
N/A (SKIP)	7

PROGRAMMER NOTE: ONLY ALLOW 1-5 AS NUMBER OF DAYS.

IF PED2=4 OR 5, SKIP TO BIKE1.

Ped3. What is the main reason you feel (CHILD Ped1CN'S NAME) doesn't walk to school more often?

YOU OR YOUR CHILD IS AFRAID SOMEONE MIGHT HURT HIM/HER	1
IT'S TOO FAR TO WALK	2
IT'S TOO DANGEROUS BECAUSE OF THE TRAFFIC..	3
IT WORKS INTO THE FAMILY SCHEDULE BETTER FOR HIM/HER TO BE DROPPED OFF BY CAR	4
HIS/HER FRIENDS TAKE THE BUS.....	5
NO SIDEWALKS	6
OTHER (SPECIFY)	7
N/A (SKIP)	97

Ped3 Code SPECIFY: _____

EDITOR NOTE: USE CODES 8-95 ONLY IN PED3CODE.

MODULE 10: CHILD BICYCLE HELMET SAFETY

Bike1. Does (CHILD PED1CN'S NAME) ever ride a bicycle?

YES 1
 NO (SKIP TO W1) 2
 DK (SKIP TO W1) 8
 RF (SKIP TO W1) 9
 N/A (SKIP) 7

Bike2. During the past 30 days, that is since (MONTH, DATE), how often did (CHILD Ped1CN'S NAME) wear a helmet when riding a bicycle? (READ ANSWERS) IF R ANSWERS "NEVER", PROMPT AS NEEDED: Is this because (he/she) did not ride a bike in the past 30 days?

Always 1
 More than half the time 2
 About half the time 3
 Less than half the time 4
 Never wears a helmet 5
 DID NOT RIDE IN LAST 30 DAYS 6
 N/A (SKIP) 97

IF PED1=07 OR 08, SKIP TO BIKE5.

IF PED2=5, SKIP TO BIKE5.

Bike3. During good weather, how many days a week does (CHILD Ped1CN'S NAME) usually ride a bike to school?

NUMBER OF DAYS
 NONE (SKIP TO BIKE5) 0
 DK 8
 RF (SKIP TO BIKE5) 9
 N/A (SKIP) 7

PROGRAMMER NOTE: ONLY ALLOW 1-5 AS NUMBER OF DAYS.

Bike4. During good weather, when (CHILD PED1CN'S NAME) rides a bike to school, how often does (he/she) wear a helmet? Would you say (READ ANSWERS)?

Always 1
 More than half the time 2
 About half the time 3
 Less than half the time 4
 Never wears a helmet 5
 N/A (SKIP) 7

Bike5. During good weather, how many days a week does (CHILD Ped1CN'S NAME) usually ride a bike in the neighborhood?

NUMBER OF DAYS
 NONE (SKIP TO W1) 0
 DK 98
 RF (SKIP TO W1) 99
 N/A (SKIP) 97

PROGRAMMER NOTE: ONLY ALLOW 1-7 AS NUMBER OF DAYS.

Bike6. During good weather, when (CHILD Ped1CN'S NAME) rides a bike in the neighborhood, how often does (he/she) wear a helmet? Would you say (READ ANSWERS)?

Always 1
 More than half the time 2
 About half the time 3
 Less than half the time 4
 Never wears a helmet 5
 N/A (SKIP) 7

MODULE 11: WATER RECREATION

The next questions are about water recreation.

W1. In the past 12 months, that is since (MONTH, YEAR), how many days did you drive or ride in a motorboat? This includes skiing or using personal watercraft like jet skis, outboard motor boats, and air propeller boats. (PROMPT: Sailboats with auxiliary motors are not included; rafts, tubes, boogie boarding are not included.)

IF A1=3, SKIP TO W3

W2. The last time you drove or rode in a motorboat, did you drink any alcoholic beverages while you were on the boat or within 2 hours beforehand?

W3. **IF DH5=04, 05, OR 06, ASK:** Do you have access to an outdoor swimming pool at your apartment? **ELSE, ASK:** Do you have an outdoor swimming pool at your home? DO NOT INCLUDE CHILDREN'S WADING POOLS AND INDOOR POOLS; POOLS AT BEACH CLUBS OR SWIM CLUBS; NEIGHBOR'S POOL; POOLS AT HOTEL OR MOTEL; WATER PARKS; AND LAKES, RIVERS, PONDS, OR CREEKS ON PROPERTY.

W4. Does the pool have a fence at least 4 feet tall that goes all the way around the pool with a gate that closes and latches automatically? Fences around the yard do not count. DO NOT INCLUDE TREES, FOLIAGE, AND OTHER SHRUBBERY.

W5. In the past 12 months, did you find any child younger than five alone inside the pool area without an adults' knowledge and supervision?

NUMBER
 NONE (SKIP TO W3) 0

YES..... 1
 NO 2
 N/A (SKIP) 7

YES..... 1
 NO (SKIP TO DB1) 2
 DK (SKIP TO DB1) 8
 RF (SKIP TO DB1) 9

YES..... 1
 NO 2
 N/A (SKIP) 7

YES..... 1
 NO 2
 N/A (SKIP) 7

MODULE 12: DOGS AND DOG BITES

One injury problem we know little about is dog bites.

DB1.	In the past 12 months, has anyone in your household been bitten by a dog?	YES.....1 NO(SKIP TO DB5)2 DK(SKIP TO DB5)8 RF(SKIP TO DB5)9
DB2.	Who was bitten? CODE ALL THAT APPLY.	CHILD 1 1 CHILD 2 2 CHILD 3 3 CHILD 4 4 CHILD 5 5 CHILD 6 6 CHILD 7 7 CHILD 8 8 CHILD 9 9 CHILD 1010 CHILD OVER AGE 14.....11 RESPONDENT12 OTHER ADULT13

PROGRAMMER NOTE: SHOW ACTUAL CHILD NAMES ON SCREEN INSTEAD OF CHILD1, CHILD2, ETC.
 ONLY INCLUDE ANSWER 11 WHEN SC4 > DH4.
 ONLY INCLUDE ANSWER 13 WHEN SC2 + SC3 >1.
 RE-CODE INTO DB2_01 ...DB2_13 WHERE 1=YES, 2=NO, 7=N/A (SKIP)
 USE 7 FOR ENTIRE QUESTION SKIPPED AND FOR AN ANSWER THAT IS NOT APPLICABLE.

DB3.	Did (you/CHILD’S NAME/anyone bitten) go to the emergency room, hospital, doctor’s office, or other place for medical care because of the dog bite?	YES.....1 NO(SKIP TO DB5)2 DK(SKIP TO DB5)8 RF(SKIP TO DB5)9 N/A (SKIP).....7
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PROGRAMMER NOTE: IF MORE THAN 1 PERSON BITTEN, USE “ANYONE BITTEN.”
 IF ONLY RESPONDENT BITTEN, USE “YOU.”
 IF ONLY 1 CHILD BITTEN, USE CHILD’S NAME.

IF ONLY ONE PERSON BITTEN, SKIP TO DB5.

DB4.	Who sought medical care because of a dog bite? CODE ALL THAT APPLY.	CHILD 1 1 CHILD 2 2 CHILD 3 3 CHILD 4 4 CHILD 5 5 CHILD 6 6 CHILD 7 7 CHILD 8 8 CHILD 9 9 CHILD 1010 CHILD OVER AGE 14.....11 RESPONDENT12 OTHER ADULT13
------	---	--

**PROGRAMMER NOTE: ONLY SHOW ANSWER(S) SELECTED IN DB2 IN DB4.
RE-CODE INTO DB4_01 ...DB4_13 WHERE 1=YES, 2=NO, 7=N/A (SKIP)
USE 7 FOR ENTIRE QUESTION SKIPPED AND FOR AN ANSWER THAT IS NOT
APPLICABLE.**

DB5. How many dogs are there in your home? NUMBER
NONE(SKIP TO FV1) 0

(DOG NUM) **PROGRAMMER NOTE:IF DB5>1, PICK A NUMBER BETWEEN 1 AND 26 AND STORE IN DOGNUM.**

IF DB5>1: Ok. Think about the dog who's name starts with the letter closest to (DOGNUM LETTER) in the alphabet.

DB6. What breed do you think this dog is? IF R SAYS MIXED BREED, PROMPT "What is the predominant breed?"
PREDOMINANT = >50% LINEAGE. IF R CAN'T SPECIFY OR INDICATES HALF ONE/HALF ANOTHER OR GIVES OTHER
PARTIAL MIX, RECORD AS VERBATIM TEXT. IF R SAYS "MUTT," "MONGREL," OR "MIXED BREED" WITH NO
FURTHER SPECIFICATION, CODE 555.

1	IRISH WOLFHOUND.....	56	SKYE TERRIER.....	110
2	ITALIAN GREYHOUND.....	57	SPANIEL, AMERICAN WATER.....	111
3	JAPANESE SPANIEL.....	58	SPANIEL, BRITTANY.....	112
4	KEESHOND.....	59	SPANIEL, CLUMBER.....	113
5	KERRY BLUE TERRIER.....	60	SPANIEL, COCKER.....	114
6	KOMONDOR.....	61	SPANIEL, ENGLISH COCKER.....	115
7	KUVASZ.....	62	SPANIEL, ENGLISH SPRINGER.....	116
8	LAKELAND TERRIER.....	63	SPANIEL, FIELD.....	117
9	LHASA APSO.....	64	SPANIEL, IRISH WATER.....	118
10	MALTESE.....	65	SPANIEL, SUSSEX.....	119
11	MANCHESTER TERRIER.....	66	SPANIEL, WELSH SPRINGER.....	120
12	MANCHESTER TERRIER, TOY.....	67	SPITZ, FINNISH.....	121
13	MASTIFF.....	68	STAFFORDSHIRE TERRIER.....	122
14	NEWFOUNDLAND.....	69	VIZSLA.....	123
15	NORWEGIAN ELKHOUND.....	70	WALKER HOUND.....	124
16	NORWICH TERRIER.....	71	WEIMARANER.....	125
17	OLD ENGLISH SHEEPDOG.....	72	WELSH CORGI, CARDIGAN.....	126
18	OTTER HOUND.....	73	WELSH CORGI, PEMBROKE.....	127
19	PAPILLON.....	74	WELSH TERRIER.....	128
20	PEKINESE.....	75	WEST HIGHLAND WHITE TERRIER.....	129
21	PINSCHER, MINIATURE.....	76	WHIPPET.....	130
22	POINTER.....	77	YORKSHIRE TERRIER.....	131
23	POINTER, GERMAN SHORTHAIRED.....	78	TIBETAN MASTIFF.....	133
24	POINTER, GERMAN.....		TIBETAN SPANIEL.....	134
25	WIREHAired.....	79	TIBETAN TERRIER.....	135
26	POMERANIAN.....	80	AUSTRALIAN HEELER.....	136
27	POODLE, MINIATURE.....	81	AKITA.....	137
28	POODLE, STANDARD.....	82	AUSTRALIAN KELPIE.....	138
29	POODLE, TOY.....	83	BICHON FRISE.....	139
30	PUG.....	84	ENGLISH SHEPHERD.....	140
31	PULI.....	85	IBIZAN HOUND.....	141
32	RED BONE HOUND.....	86	POINTER, SPANISH.....	142
33	RETRIEVER, CHESAPEAKE BAY.....	87	TOLLING DOG.....	143
34	RETRIEVER, CURLY-COATED.....	88	WELSH SHEEPDOG.....	144
35	RETRIEVER, FLAT-COATED.....	89	ENGLISH COONHOUND.....	145
36	RETRIEVER, GOLDEN.....	90	MCNAB.....	146
37	RETRIEVER, LABRADOR.....	91	PLOTT HOUND.....	147
38	RHODESIAN RIDGEBACK.....	92	AINU.....	148
39	ROTTWEILER.....	93	CATAHOULA HOG DOG.....	149
40	RUSSIAN WOLFHOUND.....	94	BEARDED COLLIE.....	150
41	SAINT BERNARD.....	95	HUNGARIAN SHEEPDOG.....	151

(Codes continue on next page)

FOXHOUND, AMERICAN	42	SALUKI	96	BELGIAN WOLFHOUND	152
FOXHOUND, ENGLISH.....	43	SAMOYED.....	97	SOFT-COATED WHEATEN	
FOX TERRIER (WIREHAISED TERRIER).....	44	SCHIPPERKE.....	98	TERRIER	153
FOX TERRIER, TOY	45	SCHNAUZER, MINIATURE.....	99	GLEN OF IMAAL TERRIER	154
FRENCH BULLDOG	46	SCHNAUZER, STANDARD.....	100	SHAR-PEI.....	155
GERMAN SHEPHERD	47	SCOTTISH TERRIER.....	101	SWISS MOUNTAIN DOG	156
GIANT SCHNAUZER.....	48	SEALYHAM TERRIER.....	102	PHARAOH HOUND.....	157
GREAT DANE.....	49	SETTER, ENGLISH.....	103	CANAAN.....	158
GREAT PYRENEES.....	50	SETTER, GORDON.....	104	JACK RUSSELL TERRIER.....	159
GRIFFON, BRUSSELS	51	SETTER, IRISH	105	WOLF OR WOLF MIX.....	160
GRIFFON, WIREHAISED POINTING.....	52	SHETLAND SHEEPDOG (SHELTIE)	106	JINDO KOREAN	161
GREYHOUND.....	53	SHIH TZU.....	107	PIT BULL, NOT OTHERWISE SPECIFIED.....	162
HARRIER.....	54	SIBERIAN HUSKY	108	OTHER	(SPECIFY)..... 163
IRISH TERRIER	55	SILKY TERRIER	109	MUTT/MIX/MONGREL	555
				N/A (SKIP).....	997

DB6
CODE SPECIFY: _____

EDITOR NOTE: USE CODES 164-500 ONLY IN DB6CODE

DB7.	Is this dog a male or female?	MALE.....	1
		FEMALE	2
		N/A (SKIP)	7
DB8.	Has this dog been (neutered/spayed/neutered or spayed)?	YES.....	1
		NO	2
		N/A (SKIP)	7

**PROGRAMMER NOTE: IF DB7=MALE, USE "NEUTERED."
IF DB7=FEMALE, USE "SPAYED."
IF DB7=DK OR RF, USE "NEUTERED OR SPAYED."**

MODULE 13: FAMILY VIOLENCE

The next questions are about violence-related subjects. Many people feel these subjects are highly personal, but we would appreciate it if you would try to answer these questions to the best of your ability. We wish to remind you that you may refuse to answer any question and that all data collected will be confidential.

Many families experience violence in their households. I'd like to ask you about family violence you may have experienced. Whenever I say "intimate partner" I mean any current or former spouse, boyfriend or girlfriend. Someone you dated would also be considered an intimate partner.

FV1.	In the past 12 months, that is since (MONTH, YEAR), have you been frightened for the safety of yourself or your family because of the anger or threats of an intimate partner or other family member?	YES..... 1 NO (SKIP TO FV3) 2 DK (SKIP TO FV3) 8 RF (SKIP TO FV3) 9
FV2.	Who was this person that frightened you? That is, what was their relationship to you?	CURRENT HUSBAND 1 CURRENT WIFE 2 EX-HUSBAND 3 EX-WIFE 4 CURRENT BOYFRIEND 5 CURRENT GIRLFRIEND 6 EX-BOYFRIEND 7 EX-GIRLFRIEND 8 MOTHER 10 FATHER 11 BROTHER 12 SISTER 13 STEPMOTHER 14 STEPFATHER 15 SON 20 DAUGHTER 21 STEPSON 22 STEPDAUGHTER 23 COUSIN 30 AUNT 31 UNCLE 32 NIECE 33 NEPHEW 34 GRANDMOTHER 35 GRANDFATHER 36 GRANDCHILD 37 OTHER FAMILY MEMBER 38 OTHER (SPECIFY) 55 MULTIPLE PEOPLE (SPECIFY) 95 DK 98 RF 99 N/A (SKIP) 97

FV2
Code SPECIFY: _____

EDITOR NOTE:

**IF SINGLE PERSON SPECIFIED, CODE USING 56, 57, 58...
IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

IF FV2 = 98 OR 99, ASK FV2SR. ELSE, SKIP TO FV3.

FV2SR. Would you feel more comfortable responding if I read a list and you can stop me when I get to the answer that applies to you? Was it (READ ANSWERS)? IF R DOES NOT WANT TO HEAR LIST, CODE 99, REFUSED.

Multiple people	1
Ex-Husband	2
Ex-Wife.....	3
Current husband.....	4
Current wife	5
Ex-boyfriend	6
Ex-girlfriend.....	7
Current boyfriend.....	8
Current girlfriend	9
Father	10
Uncle.....	11
Brother	12
Sister	13
Son.....	14
Other family member	15
Other	16
DK	98
RF	99
N/A (SKIP)	97

**PROGRAMMER NOTE: ONLY INCLUDE ANSWERS 02 AND 04 IF RESPONDENT IS FEMALE
ONLY INCLUDE ANSWERS 03 AND 05 IF RESPONDENT IS MALE
RECODE ANSWER IN FV2SR TO MATCH CODES IN FV2**

FV3. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?	YES..... 1
	NO 2
FV4. Looking back on your childhood, did you ever have injuries , such as bruises, cuts, or broken bones, as a result of being spanked, struck, or shoved by your parents or guardians, or their partners? (PROMPT: Term “partners” includes spouses and boyfriends or girlfriends; do not include incidents where the injury was inflicted by a sibling.)	YES..... 1
	NO 2

MODULE 14: LIFETIME STALKING

The next question is about stalking.

ST1.	Have you ever had someone besides bill collectors or sales people follow or spy on you, try to communicate with you against your will, or otherwise stalk you for more than one month?	YES.....	1
		NO (SKIP TO V1).....	2
		DK (SKIP TO V1).....	8
		RF (SKIP TO V1).....	9
ST2.	The last time this happened to you, how serious would you say this stalking was? Would you say (READ ANSWERS)?	Nothing to be concerned about	1
		Annoying	2
		Somewhat Dangerous	3
		Life threatening.....	4
		N/A (SKIP)	7

MODULE 15: INTERPERSONAL VIOLENCE

The next set of questions is about physical violence between people. By this, I mean situations in which a person hits, slaps, pushes, kicks or otherwise strikes another person. This includes assaults by strangers, fights between friends or family members and includes being hit by objects or weapons.

<p>V1. During the past 12 months, that is since (MONTH, YEAR), have you been struck by another person who was older than age 12? By “struck” I mean hit, slapped, pushed or kicked or hit by them with an object or weapon? (PROMPT: IF RESPONDENT SAYS THEY WERE RAPED, ASK: When you were raped, were you also hit, slapped, pushed, or kicked or hit with an object or weapon? IF NO, ASK: Besides for this rape, were there any other incidents when you were hit, slapped, pushed or kicked or hit with an object or weapon?)</p>	<p>YES.....(SKIP TO V2A) 1 NO (SKIP TO SCRIPT AFTER V8)..... 2 RAPED AND HIT OR STRUCK(SKIP TO V2A) 3 RAPED BUT NOT HIT OR STRUCK 4 DK (SKIP TO SCRIPT AFTER V8)..... 8 RF (SKIP TO SCRIPT AFTER V8)..... 9</p>
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This is important for us to know and I have some specific questions about sexual violence that I will be asking next. SKIP TO SCRIPT AFTER V8.

<p>V2a. On the most recent occasion, who struck you? That is, what was their relationship to you?</p> <p>V2b. What was this person’s relationship to you? V2c. What was this person’s relationship to you? V2d. What was this person’s relationship to you?</p>	<p>CURRENT HUSBAND..... 1 CURRENT WIFE..... 2 EX-HUSBAND..... 3 EX-WIFE..... 4 CURRENT BOYFRIEND 5 CURRENT GIRLFRIEND 6 EX-BOYFRIEND 7 EX-GIRLFRIEND..... 8 MOTHER 10 FATHER..... 11 BROTHER 12 SISTER..... 13 STEPMOTHER..... 14 STEPFATHER 15 SON 20 DAUGHTER 21 STEPSON..... 22 STEPDAUGHTER..... 23 COUSIN 30 AUNT 31 UNCLE..... 32 NIECE 33 NEPHEW..... 34 GRANDMOTHER..... 35 GRANDFATHER 36 GRANDCHILD..... 37 OTHER FAMILY MEMBER..... 38 ROOMMATE..... 40 CLOSE FRIEND..... 41 NEIGHBOR 42 ACQUAINTANCE 43 STRANGER 44 FRIEND..... 45</p>
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(Codes continue on next page)

V2a, Continued

V2b, Continued
 V2c, Continued
 V2d, Continued

COWORKER46
 STUDENT47
 PATIENT.....51
 POLICE PERSON/BOUNCER/ORDER KEEPER52
 EX INTIMATE'S CURRENT FRIEND53
 CLERGY54
 OTHER..... (SPECIFY)55
 MULTIPLE PEOPLE(ASK V2ACOUNT THEN SPECIFY)95
 DK98
 RF99
 N/A (SKIP).....97

V2a Count How many people struck you on this occasion?

2 PEOPLE 2
 3 PEOPLE 3
 4 OR MORE 4
 N/A (SKIP)..... 7

V2a Code SPECIFY: _____

**EDITOR NOTE: IF SINGLE PERSON SPECIFIED, CODE USING 56, 57, 58...
 IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

IF V2A = 98 OR 99, ASK V2ASR. ELSE, SKIP TO V3A.

V2aSR. Would you feel more comfortable responding if I read a list and you can stop me when I get to the answer that applies to you? Was it (READ ANSWERS)? IF R DOES NOT WANT TO HEAR LIST, CODE 99, REFUSED.

Multiple people 1
 Ex-Husband..... 2
 Ex-Wife..... 3
 Current husband 4
 Current wife 5
 Ex-boyfriend 6
 Ex-girlfriend..... 7
 Current boyfriend..... 8
 Current girlfriend 9
 Father.....10
 Uncle11
 Brother12
 Sister.....13
 Son14
 Other family member15
 Friend16
 Co-Worker.....17
 Patient.....18
 Student19
 Acquaintance20
 Stranger21
 Other.....22
 DK98
 RF99
 N/A (SKIP).....97

**PROGRAMMER NOTE: ONLY INCLUDE ANSWERS 02 AND 04 IF RESPONDENT IS FEMALE
 ONLY INCLUDE ANSWERS 03 AND 05 IF RESPONDENT IS MALE
 RECODE ANSWER IN V2ASR TO MATCH CODES IN V2A.**

IF V2a=95: Please answer the next few questions about your (1st/2nd/3rd RELATIONSHIP SPECIFIED).

V3a. During the past 12 months, on how many different occasions did this person strike you? (PROMPT: BY "OCCASION" WE MEAN SEPARATE INCIDENTS NOT THE NUMBER OF TIMES SOMEONE WAS HIT DURING EACH INCIDENT. IF RESPONDENT SAYS THAT THEY DON'T KNOW THE EXACT NUMBER, ASK THEM TO ESTIMATE)

	NUMBER <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	95 OR MORE 95
	N/A (SKIP) 97

V4a. Would you say that the main reason the person (usually) struck you was because (READ ANSWERS)? (PROMPT: IF RESPONDENT CHOOSES MORE THAN ONE, ASK THEM TO CHOOSE THE REASON THAT FITS THE BEST)

	They were joking around..... 1
	It was a normal part of a sport (for example karate)..... 2
	They intended to strike you but did not want to injure you 3
	They intended to strike you and they wanted to injure you 4
	OTHER (SPECIFY) 5
	N/A (SKIP) 97

V4a Code SPECIFY: _____

EDITOR NOTE: USE CODES 06-95 ONLY IN V4ACODE.

PROGRAMMER NOTE: INCLUDE "USUALLY" IN V4A WHEN V3A>1.

V5a. IF V3a=1, READ: In the past 12 months, were you physically injured when this person struck you? IF YES, CODE 1 FOR NUMBER. IF NO CODE NONE.

ELSE, READ: On how many different occasions were you physically injured by this person in the past 12 months?

	NUMBER <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE (SKIP TO V7A) 0
	95 OR MORE 95
	DK (SKIP TO V7A) 98
	RF (SKIP TO V7A) 99
	N/A (SKIP) 97

V6a. IFV3=1, READ: Did you go to an emergency room, hospital, doctor, dentist, or other medical care facility for treatment of the injuries caused by this person striking you during the past 12 months? IF YES, CODE 1 FOR NUMBER. IF NO, CODE NONE.

ELSE, READ: On how many different occasions did you go to an emergency room, hospital, doctor, dentist, or other medical care facility for treatment of the injuries caused by this person striking you during the past 12 months?

	NUMBER <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE 0
	95 OR MORE 95
	N/A (SKIP) 97

V7a. IFV3=1, READ: Did you hit, slap, push, or kick this person before they struck you? IF YES, CODE 1 FOR NUMBER. IF NO, CODE NONE.

ELSE, READ: On how many different occasions did you hit, slap, push, or kick this person before they struck you?

NUMBER.....				
NONE.....				0
95 OR MORE.....				95
N/A (SKIP).....				97

IF V2A = 95 AND V2ACOUNT = 2, REPEAT V3A - V8A FOR 2ND PERSON SPECIFIED.
IF V2A = 95 AND V2ACOUNT = 3, REPEAT V3A - V8A FOR 2ND PERSON AND 3RD PERSON SPECIFIED.

V8a. Was there anyone else who hit, slapped, pushed or kicked you during the past 12 months?

YES.....				
NO.....				1
(SKIP TO SCRIPT).....				2
N/A (SKIP).....				7

REPEAT V2A-V8A FOR SECOND PERSON, USING QUESTIONS V2B-V8B
REPEAT V2A-V8A FOR THIRD PERSON, USING QUESTIONS V2C-V8C
REPEAT V2A-V7A FOR FOURTH PERSON, USING QUESTIONS V2D-V7D, THEN READ SCRIPT.

(SCRIPT): Remember, if you or anyone you know is ever in immediate danger, they can call 911 or your local police. There is also a National Domestic Violence Hotline we are giving all respondents. If you have a pencil and paper I can give you that number now. IF RESPONDENT INDICATES THEY WANT THE NUMBER: The number is 1-800-799-SAFE (7233)

MODULE 16: SEXUAL VIOLENCE

We are now going to ask you a few questions about sexual experiences against your will. This information will allow us to better understand the problem of unwanted sexual contact and to help others in the future. Please remember your responses are strictly confidential and that you may refuse to answer any question. IF V1=3 OR 4: You already mentioned an experience that might fit this description. I still want to ask you each of these questions so that I am sure that I am being accurate.

SV1. During the past 12 months, that is since (MONTH, YEAR), have you experienced any sexual activity when you did not want to, including touch that made you uncomfortable? YES..... 1
NO..... 2

In the next question, when I refer to forced sex, I include any type of vaginal, oral, or anal penetration or intercourse in situations against your will. It also includes situations where you were unable to give consent for any reason, such as age, drugs, alcohol, sleep, or mental disability. These incidents may have involved anyone known or unknown to you. (PROMPT: “Against your will” includes situations where threats, physical force, or a weapon was used. Incidents may have involved family members, dates, partners, acquaintances, or strangers.)

SV2. Have you ever been forced to have sex? YES 1
NO (SKIP TO SCRIPT AFTER SV6) 2
DK (SKIP TO SCRIPT AFTER SV6) 8
RF (SKIP TO SCRIPT AFTER SV6) 9

SV3. How old were you the first time that you were forced to have sex? (PROMPT: Please give me your best estimate of your age at the time of the incident.) AGE
N/A (SKIP) 97

SV4. Who was it that forced you to have sex the first time? That is, what was their relationship to you?
CURRENT HUSBAND 1
CURRENT WIFE 2
EX-HUSBAND 3
EX-WIFE 4
CURRENT BOYFRIEND 5
CURRENT GIRLFRIEND 6
EX-BOYFRIEND 7
EX-GIRLFRIEND 8
MOTHER 10
FATHER 11
BROTHER 12
SISTER 13
STEPMOTHER 14
STEPFATHER 15
SON 20
DAUGHTER 21
STEPSON 22
STEPDAUGHTER 23
COUSIN 30
AUNT 31
UNCLE 32
NIECE 33
NEPHEW 34

(Codes continue on next page)

SV4, Continued

GRANDMOTHER	35
GRANDFATHER	36
GRANDCHILD	37
OTHER FAMILY MEMBER	38
ROOMMATE	40
CLOSE FRIEND	41
NEIGHBOR	42
ACQUAINTANCE	43
STRANGER	44
FRIEND	45
COWORKER	46
STUDENT	47
PATIENT	51
POLICE PERSON/BOUNCER/ORDER KEEPER	52
EX INTIMATE'S CURRENT FRIEND	53
CLERGY	54
OTHER	(SPECIFY).....55
MULTIPLE PEOPLE	(SPECIFY).....95
DK	98
RF	99
N/A (SKIP)	97

SV4

Code SPECIFY: _____

**EDITOR NOTE: IF SINGLE PERSON SPECIFIED, CODE USING 56, 57, 58...
IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

IF SV4 = 98 OR 99, ASK SV4SR. ELSE, SKIP TO SV5.

SV4SR. Would you feel more comfortable responding if I read a list and you can stop me when I get to the answer that applies to you? Was it (READ ANSWERS)? IF R DOES NOT WANT TO HEAR LIST, CODE 99, REFUSED.

Multiple people	1
Ex-Husband	2
Ex-Wife.....	3
Current husband.....	4
Current wife	5
Ex-boyfriend	6
Ex-girlfriend.....	7
Current boyfriend.....	8
Current girlfriend	9
Father	10
Uncle.....	11
Brother	12
Sister	13
Son	14
Other family member	15
Friend.....	16
Co-Worker	17
Patient	18
Student	19

(Codes continue on next page)

SV4SR, Continued.

Acquaintance	20
Stranger.....	21
Other	22
DK	98
RF	99
N/A (SKIP)	97

**PROGRAMMER NOTE: ONLY INCLUDE ANSWERS 02 AND 04 IF RESPONDENT IS FEMALE
 ONLY INCLUDE ANSWERS 03 AND 05 IF RESPONDENT IS MALE
 RECODE ANSWER IN SV4SR TO MATCH CODES IN SV4.**

SV5. Not including the first person, how many other people have forced you to have sex?

NUMBER OF PEOPLE.....	<input type="text"/>
NOBODY ELSE.. (SKIP TO SCRIPT AFTER SV6).....	96
N/A (SKIP)	97

IF SV5>1, SKIP TO SV6A

SV6. What was this person's relationship to you?

CURRENT HUSBAND.....	1
CURRENT WIFE.....	2
EX-HUSBAND.....	3
EX-WIFE.....	4
CURRENT BOYFRIEND	5
CURRENT GIRLFRIEND	6
EX-BOYFRIEND	7
EX-GIRLFRIEND.....	8
MOTHER	10
FATHER.....	11
BROTHER	12
SISTER.....	13
STEPMOTHER.....	14
STEPFATHER	15
SON	20
DAUGHTER	21
STEPSON.....	22
STEPDAUGHTER.....	23
COUSIN	30
AUNT	31
UNCLE.....	32
NIECE	33
NEPHEW.....	34
GRANDMOTHER.....	35
GRANDFATHER	36
GRANDCHILD.....	37
OTHER FAMILY MEMBER.....	38
ROOMMATE.....	40
CLOSE FRIEND.....	41
NEIGHBOR	42
ACQUAINTANCE	43
STRANGER	44
FRIEND.....	45
COWORKER	46
STUDENT	47
PATIENT.....	51

SV6, Continued

(Codes continue on next page)

POLICE PERSON/BOUNCER/ORDER KEEPER	52
EX INTIMATE'S CURRENT FRIEND	53
CLERGY	54
OTHER.....(SPECIFY)	55
MULTIPLE PEOPLE.....(SPECIFY)	95
DK	98
RF	99
N/A (SKIP).....	97

SV6

Code SPECIFY: _____

**EDITOR NOTE: IF SINGLE PERSON SPECIFIED, CODE USING 56, 57, 58...
IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

IF SV6 = 98 OR 99, ASK SV6SR. ELSE, SKIP TO SCRIPT.

SV6SR. Would you feel more comfortable responding if I read a list and you can stop me when I get to the answer that applies to you? Was it (READ ANSWERS)? IF R DOES NOT WANT TO HEAR LIST, CODE 99, REFUSED.

Multiple people	1
Ex-Husband	2
Ex-Wife.....	3
Current husband	4
Current wife	5
Ex-boyfriend	6
Ex-girlfriend.....	7
Current boyfriend.....	8
Current girlfriend	9
Father	10
Uncle.....	11
Brother	12
Sister	13
Son	14
Other family member	15
Friend.....	16
Co-Worker	17
Patient	18
Student	19
Acquaintance	20
Stranger.....	21
Other	22
DK	98
RF	99
N/A (SKIP)	97

**PROGRAMMER NOTE: ONLY INCLUDE ANSWERS 02 AND 04 IF RESPONDENT IS FEMALE
ONLY INCLUDE ANSWERS 03 AND 05 IF RESPONDENT IS MALE
RECODE ANSWER IN SV6SR TO MATCH CODES IN SV6.**

SKIP TO SCRIPT

SV7.	Were any of these people (READ OPTIONS)?	YES	NO	N/A (SKIP)
a.	A current or former spouse, partner or date	1	2	7
b.	Another family member.....	1	2	7
c.	A stranger	1	2	7

(SCRIPT): IF SV2=1, READ: We are finished with the sexual violence questions now.

READ TO EVERYONE: Again, if anyone is ever in danger of sexual violence, they should call 911 or the local police. We are giving all respondents the phone number and name of an organization that can provide information on sexual assault issues. If you have a paper and pencil I'll give that number to you now. IF RESPONDENT INDICATES THEY WANT THE NUMBER: The number is 1-800-656-HOPE (4673), this is the RAINN Hotline, Rape, Abuse, and Incest National Network.

MODULE 17: RESPONDENT’S VIEWS TO SENSITIVE QUESTIONS (FV,ST,V,SV)

VMA1.	We have just asked you several questions about your exposure to violence including violence by intimate partners and family members, sexual violence, and stalking. Some people feel that asking these questions may frighten or upset people. On the other hand, answers to these questions may help us learn more about how to prevent violence. Do you think a survey like this should or should not ask these questions about violence?	SHOULD NOT ASK THEM..... 1 SHOULD ASK THEM..... 2
VMA2.	Did my asking you any of these violence questions make you feel upset because the questions reminded you of a past victimization experience?	YES 1 NO 2
VMA3.	Did my asking you any of these violence questions make you feel afraid that someone might hear your answer and hurt you in any way?	YES 1 NO 2

(SCRIPT): Remember that if you ever fear that you or someone else is in immediate danger you should call 911 or your local police.

MODULE 18: FIREARM STORAGE & INJURY

The next few questions are about firearms. We are interested only in firearms that work. Include handguns, pistols, rifles, and automatic or semi-automatic weapons. We are **not** interested in BB and pellet guns, tear gas guns, and guns that can't fire, such as antiques and guns for display.

FA1.	During the past 12 months, that is since (MONTH, YEAR), were any firearms kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.	YES..... 1 NO (SKIP TO FA5) 2 DK (SKIP TO FA5) 8 RF (SKIP TO FA5) 9
FA2.	Are any of the firearms handguns, such as pistols or revolvers?	YES..... 1 NO 2 N/A (SKIP) 7
FA3.	Do any of the firearms kept in or around your home belong to you, personally?	YES..... 1 NO 2 N/A (SKIP) 7
FA4.	During the past 12 months, were any firearms ever kept loaded and unlocked while stored in or around your home? Please consider a firearm locked if it is stored in a locked place that can only be opened with a key or combination, or if it is secured with a trigger lock that can only be opened with a key or combination. A safety is not a trigger lock.	YES..... 1 NO 2 N/A (SKIP) 7

The next set of questions is about using firearms. If your job requires and authorizes you to use a firearm, for example if you are a police officer or security guard, do not include firearm-use while performing your job.

FA5.	During the past 12 months, how often have you carried a loaded firearm on your person, or in your car while away from home for protection against people? Would you say (READ ANSWERS)?	Almost every day 1 More than half of the time..... 2 Less than half of the time..... 3 Rarely..... 4 Never 5
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IF FA1=2, 8 OR 9, SKIP TO FA14.

FA6.	In the past 12 months, on how many different occasions has a firearm from your home been accidentally fired? Include accidental firing by anyone even if they did not live at your home. (PROMPT: By "occasion" we mean separate incidents not the number of times the gun was fired during each incident)	NUMBER OF OCCASIONS..... <input type="text"/> <input type="text"/> <input type="text"/> NONE (SKIP TO FA10) 0 DK (SKIP TO FA10) 98 RF (SKIP TO FA10) 99 N/A (SKIP) 97
FA7.	What was the person doing at the time of the (most recent) accidental firing? Was the person (READ ANSWERS)? IF THE PERSON WAS CLEANING THE GUN WHILE HUNTING OR TARGET SHOOTING CODE AS HUNTING OR SHOOTING NOT CLEANING. ONLY CODE AS CLEANING IF THEY WERE CLEANING THE GUN SEPARATE FROM ANY OTHER ACTIVITY.	Hunting 1 Target shooting 2 Using the firearm to protect someone or something..... 3 Playing with the firearm..... 4 Giving the firearm a routine cleaning 5 Handling for other purpose (SPECIFY) 6 N/A (SKIP) 97

FA7 Code SPECIFY: _____

EDITOR NOTE: USE CODES 7-95 ONLY FOR FA7CODE.

PROGRAMMER NOTE: INCLUDE "MOST RECENT" IN FA7 WHEN FA6>1.

FA8.	How did the accidental firing actually happen? (PROMPT: What actually caused the gun to go off?)	CLEANING THE GUN..... 1 GUN MISTAKEN FOR A TOY..... 2 HOLSTERING OR UNHOLSTERING THE GUN 3 GUN WAS DROPPED 4 WHILE LOADING OR UNLOADING 5 GUN MISFIRED 6 THOUGHT THE SAFETY WAS ON 7 THOUGHT GUN WAS UNLOADED..... 8 GUN DEFECT, MALFUNCTION 9 ACCIDENTALLY SQUEEZED THE TRIGGER..... 10 TRYING TO PUT THE SAFETY ON 11 SHOWING THE GUN TO OTHERS..... 12 CELEBRATORY FIRING 13 AIMING FOR A NON-PERSON TARGET 14 OTHER.....(SPECIFY) 15 N/A (SKIP)97
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FA8 Code SPECIFY: _____

EDITOR NOTE: USE CODES 16-95 ONLY FOR FA8CODE.

FA9.	Were any of the people who accidentally shot a firearm from your home under the age of 18?	YES.....1 NO2 N/A (SKIP)7
FA10.	In the past 12 months, on how many different occasions has a firearm from your home been fired at someone <i>on purpose</i> ? Include firings by anyone even if they did not live at your home. (PROMPT: by "occasion" we mean separate incidents <i>not</i> the number of times the gun was fired during each incident)	NUMBER OF OCCASIONS..... <input type="text"/> <input type="text"/> NONE (SKIP TO FA14) 0 DK (SKIP TO FA14)98 RF (SKIP TO FA14)99 N/A (SKIP)97

FA11.	Of the people who were fired at, how many were (READ CATEGORY)?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">NUMBER</th> <th style="width: 10%;">NONE</th> <th style="width: 10%;">N/A (SKIP)</th> </tr> </thead> <tbody> <tr> <td>a. A current or ex-spouse, boyfriend or girlfriend of the person who fired the gun</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">97</td> </tr> <tr> <td>b. Someone else who lived with or was related to the person who fired the gun.....</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">97</td> </tr> <tr> <td>c. Some other person (SPECIFY).....</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;">0</td> <td style="text-align: center;">97</td> </tr> </tbody> </table>		NUMBER	NONE	N/A (SKIP)	a. A current or ex-spouse, boyfriend or girlfriend of the person who fired the gun	<input type="text"/> <input type="text"/>	0	97	b. Someone else who lived with or was related to the person who fired the gun.....	<input type="text"/> <input type="text"/>	0	97	c. Some other person (SPECIFY).....	<input type="text"/> <input type="text"/>	0	97
	NUMBER	NONE	N/A (SKIP)															
a. A current or ex-spouse, boyfriend or girlfriend of the person who fired the gun	<input type="text"/> <input type="text"/>	0	97															
b. Someone else who lived with or was related to the person who fired the gun.....	<input type="text"/> <input type="text"/>	0	97															
c. Some other person (SPECIFY).....	<input type="text"/> <input type="text"/>	0	97															

FA11 Code SPECIFY: _____

**EDITOR NOTE: IF SINGLE PERSON SPECIFIED, CODE USING 1, 2, 3...
IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

PROGRAMMER NOTE: AT LEASE ONE OF FA11a-FA11c MUST BE GREATER THAN OR EQUAL TO 1.

FA12. In your opinion, how many of these firings were because the person who fired the gun was trying to protect themselves, someone else, or their property?

	NUMBER OF TIMES <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE 0
	N/A (SKIP) 97

FA13. How many of the people who were fired at in the past 12 months were actually hit by a bullet?

	NUMBER OF PEOPLE..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE 0
	N/A (SKIP) 97

FA14. During the past 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?

	YES..... 1
	NO 2

IF FA1=2, 8 OR 9, SKIP TO FA17.

FA15. How many adults in your household have ever attended a firearms safety workshop or class?

	NUMBER OF ADULTS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE 0
	N/A (SKIP) 97

IF NK0418Y=0, SKIP TO FA17.

FA16. Thinking of the children in your household aged 4 to18, how many have ever attended a firearms safety workshop or class?

	NUMBER OF CHILDREN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE 0
	N/A (SKIP) 97

FA17. How well do you think the police in your community protect you and your family from crime? Would you say (READ ANSWERS)?

	Very well 1
	Somewhat well..... 2
	Not very well 3
	Not at all 4

FA18. Do you have a working electronic security system in your residence?

	YES..... 1
	NO 2

FA19. During the past 12 months, how many times have you or any other adult in your household been a victim of crime? By crime I mean things like theft, robbery, vandalism, or assault. (PROMPT: Include crime that took place anywhere, even while away from home; Include assaults or other incidents that you have already described)

	NUMBER OF TIMES <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	NONE 0

MODULE 19: SUICIDE

The next set of questions is about suicidal feelings and behavior. These can be sensitive questions as well, please try to answer them to the best of your ability.

S1.	During the past 12 months, that is since (MONTH, YEAR), have you had thoughts of taking your own life, even if you would not really do it?	YES..... 1 NO 2
S2.	At any time during the past 12 months, did you make a specific plan about how you would take your own life?	YES..... 1 NO(SKIP TO S4)..... 2 DK(SKIP TO S4)..... 8 RF(SKIP TO S4)..... 9
S3a.	What way or ways did you plan on taking your own life? CODE UP TO TWO IN ORDER MENTIONED. DO NOT PROBE FOR SECOND METHOD. FIRST METHOD:	GUN..... 1 HANG..... 2 DROWN 3 JUMP FROM HIGH PLACE..... 4 JUMP INTO TRAFFIC..... 5 CAR CRASH..... 6 CAR EXHAUST 7 TAKE PILLS/OVERDOSE (INCLUDES ALCOHOL)..... 8 CUT OR STAB SELF 9 ELECTROCUTION 10 ASPHYXIATE..... 11 POISON..... 12 FIRE/EXPLOSION 13 OTHER..... (SPECIFY) 14 N/A (SKIP)..... 97

S3a Code SPECIFY: _____

EDITOR NOTE: USE CODES 15-94 ONLY IN S3ACODE.

S3b.	SECOND METHOD:	GUN..... 1 HANG..... 2 DROWN 3 JUMP FROM HIGH PLACE..... 4 JUMP INTO TRAFFIC..... 5 CAR CRASH..... 6 CAR EXHAUST 7 TAKE PILLS/OVERDOSE (INCLUDES ALCOHOL)..... 8 CUT OR STAB SELF 9 ELECTROCUTION 10 ASPHYXIATE..... 11 POISON..... 12 FIRE/EXPLOSION 13 OTHER..... (SPECIFY) 14 NO SECOND METHOD GIVEN 95 N/A (SKIP)..... 97
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S3b Code SPECIFY: _____

EDITOR NOTE: USE CODES 15-94 ONLY IN S3BCODE.

S4. Have you **ever** made an attempt to take your own life? YES..... 1
 NO(SKIP TO S10).....2
 DK(SKIP TO S10).....8
 RF(SKIP TO S10).....9

S5. How many times during the past 12 months have you made an attempt to take your own life? NUMBER OF TIMES
 NONE(SKIP TO S8)..... 0
 N/A (SKIP)97

S6. On any attempt during the past 12 months, did you suffer an injury, poisoning, or illness as a result of the attempt? YES..... 1
 NO2
 DK(SKIP TO S9).....8
 RF(SKIP TO S9).....9
 N/A (SKIP)7

S7. Did you see a medical or mental health professional because of any suicide attempt in the past 12 months? YES..... 1
 NO2
 N/A (SKIP)7

IF S6=1, SKIP TO S9

S8. On any attempt during your lifetime, did you suffer an injury, poisoning, or illness as a result of the attempt? YES..... 1
 NO2
 N/A (SKIP)7

S9. Let's consider the last attempt you made to take your life. What was the primary method that you used? (PROMPT: "By primary method, I mean the main method you used") GUN..... 1
 HANG..... 2
 DROWN 3
 JUMP FROM HIGH PLACE..... 4
 JUMP INTO TRAFFIC..... 5
 CAR CRASH..... 6
 CAR EXHAUST 7
 TAKE PILLS/OVERDOSE (INCLUDES ALCOHOL)..... 8
 CUT OR STAB SELF 9
 ELECTROCUTION 10
 ASPHYXIATE 11
 POISON..... 12
 FIRE/EXPLOSION 13
 OTHER..... (SPECIFY) 14
 N/A (SKIP)..... 97

S9 Code SPECIFY:

EDITOR NOTE: USE CODES 15-94 ONLY IN S9CODE.

S10. During the past 12 months, how many people have you known personally who have taken their own life? NUMBER OF PEOPLE.....
 NONE(SKIP TO S12)..... 0
 DK(SKIP TO S12).....98
 RF(SKIP TO S12).....99

S11.	Were you emotionally close to any of these people who died from suicide?	YES.....	1
		NO	2
		N/A (SKIP)	7

How strongly do you agree or disagree with these statements about the people in your life?

S12.	I have someone I can really talk to about things that are important to me. Would you say (READ ANSWERS)?	Strongly agree	1
		Somewhat agree	2
		Somewhat disagree	3
		Strongly disagree	4
S13.	I have someone I can count on for understanding and advice. Would you say (READ ANSWERS)?	Strongly agree	1
		Somewhat agree	2
		Somewhat disagree	3
		Strongly disagree	4
S14.	If you were feeling like life was not worth living which of the following would you be the most likely to do? Would you (READ ANSWERS)?	Seek help from a mental health professional such as a psychiatrist, psychologist, counselor, or social worker.....	1
		Seek help from clergy	2
		Seek help from a physician or other medical practitioner	3
		Call a crisis hotline.....	4
		Go to a self help group.....	5
		Seek help from a friend or relative.....	6
		Prefer to cope by yourself.....	7
		Ignore it.....	8
		Or something else(SPECIFY)	9

S14 Code SPECIFY: _____

EDITOR NOTE: USE CODES 10-95 ONLY FOR S14CODE.

Script: We're finished with the suicide questions now. We are giving all respondents the phone number for the National Crisis Hotline. If you have a pencil and paper I can give you that number now. **IF RESPONDENT INDICATES THEY WANT THE NUMBER:** The number is 1-800-SUICIDE (784-2433), this is the National Crisis Hotline. If you would like, I can stop the interview now and connect you directly with a confidential counselor at the hotline and then call you back in a few days to complete the final interview questions or we can complete the interview now and you can call the hotline on your own after we have finished.

CONNECT TO HOTLINE NOW.....	1
CONTINUE INTERVIEW	2

MOUDLE 20: POSTTRAUMATIC STRESS DISORDER (PTSD) - This module was fielded January 10, 2002.
Those interviewed prior to 01/10/2002 will have values of ".P" assigned to the variables in this module.

The next set of questions is about the terrorist attacks on September 11th involving plane crashes at the World Trade Center, the Pentagon, and in Somerset County, Pennsylvania.

- P1. When you first heard about the plane crashes on September 11th, did you **fear** that a family member or close friend who was in or around the site of one of the crashes might be killed, injured, or missing? YES 1
 NO..... 2
 DK..... 8
 RF..... 9
- P2. As a result of the crashes on September 11th, did you actually have a family member or close friend who was killed, injured, or missing? YES 1
 NO.....(SKIP TO P4)..... 2
 DK.....(SKIP TO P4)..... 8
 RF.....(SKIP TO P4)..... 9
- P3. What was this person’s relationship to you? CURRENT OR FORMER SPOUSE 1
 CURRENT OR FORMER BOYFRIEND/GIRLFRIEND..... 2
 PARENT OR STEP-PARENT..... 3
 SIBLING OR STEP-SIBLING 4
 CHILD OR STEP-CHILD 5
 GRANDPARENT 6
 GRANDCHILD..... 7
 OTHER FAMILY MEMBER (AUNT/UNCLE, COUSIN, NEPHEW/NIECE ETC.) 8
 CLOSE FRIEND 9
 OTHER.....(SPECIFY)..... 10
 MULTIPLE PEOPLE.....(SPECIFY)..... 95
 DK 98
 RF 99
 N/A (SKIP)..... 97

P3 Code SPECIFY: _____

**EDITOR NOTE: IF SINGE PERSON SPECIFIED, CODE USING 11, 12, 13...
 IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

- P4. Was anyone else you personally know killed, injured, or missing, as a result of the crashes on September 11th? YES 1
 NO.....(SKIP TO P6)..... 2
 DK.....(SKIP TO P6)..... 8
 RF.....(SKIP TO P6)..... 9
- P5. What was this person’s relationship to you? FRIEND..... 1
 NEIGHBOR 2
 CO-WORKER..... 3
 ACQUAINTANCE 4
 OTHER.....(SPECIFY)..... 5
 MULTIPLE PEOPLE.....(SPECIFY)..... 95
 DK 98
 RF 99
 N/A (SKIP)..... 97

P5 Code SPECIFY: _____

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**EDITOR NOTE: IF SINGE PERSON SPECIFIED, CODE USING 06, 07, 08...
IF MULTIPLE PEOPLE SPECIFIED, CODE USING 94, 93, 92...**

- P6. Do you know someone who had a family member or close friend who was killed, injured, or missing as a result of the crashes on September 11th?
 YES..... 1
 NO 2
 DK 8
 RF 9
- P7. Which best describes your personal exposure to any of the plane crashes or the World Trade Center towers collapsing? Would you say (READ ANSWERS)?
 You were in or around one of the crash sites and you saw at least some of these events happen 1
 You were in or around one of the crash sites but did not see any of these events happen 2
 You were not in or around any of the crash sites 3
 DK 8
 RF 9
- P8. Which best describes your television exposure to any of the plane crashes or the World Trade Center towers collapsing? Would you say (READ ANSWERS)?
 You saw at least some of the televised images as they were occurring – that is, you saw the second crash or either tower collapse on television as it happened..... 1
 You saw at least some of the televised images after the events occurred but before you read or heard anything about what happened 2
 You saw the televised images only after you read or heard about what happened 3
 You did not see the televised images 4
 DK 8
 RF 9
- P9. As a result of your exposure to these events did you feel that you were at risk of being injured or killed?
 YES..... 1
 NO 2
 DK 8
 RF 9
- P10. Approximately how many total hours of television coverage of the September 11th terrorist attacks did you watch in the 7 days following those attacks?
READ ANSWERS ONLY IF NECESSARY. IF ANSWER COVERS TWO CATEGORIES, ASK R TO CHOOSE ONE. (PROMPT: I do not need an exact answer. Just tell me approximately how many hours.)
 0 HOURS..... 0
 LESS THAN 10 1
 10-19 2
 20-29 3
 30-39 4
 40-49 5
 50 OR MORE 6
 DK 98
 RF 99

The next questions are about the time after the plane crashes on September 11th. Please answer yes or no for each question. After these events...

P11.	Did you avoid being reminded of this experience by staying away from certain places, people, or activities?	YES.....1 NO2 DK8 RF9
P12.	Did you lose interest in activities that were once important or enjoyable?	YES.....1 NO2 DK8 RF9
P13.	Did you begin to feel more isolated or distant from other people? (PROMPT: Other people with whom you normally interact.)	YES.....1 NO2 DK8 RF9
P14.	Did you find it hard to have love or affection for other people?	YES.....1 NO2 DK8 RF9
P15.	Did you begin to feel that there was no point in planning for the future? (PROMPT: I mean long-term future, like planning for a career, children, or retirement.)	YES.....1 NO2 DK8 RF9
P16.	After this experience, were you having more trouble than usual falling asleep or staying asleep? (PROMPT: By this experience I mean the plane crashes on September 11 th .)	YES.....1 NO2 DK8 RF9
P17.	Did you become jumpy or get easily startled by ordinary noises or movements?	YES.....1 NO2 DK8 RF9

PROGRAMMER NOTE: COUNT NUMBER OF YES ANSWERS IN P11-P17. IF 4 OR MORE,ASK P18. IF LESS THAN 4, SKIP TO SCRIPT AT END OF MODULE.

P18.	You told me that you had these reactions after the crashes on September 11 th . How soon after the crashes did these reactions begin? Would you say (READ ANSWERS)?	Within the first 24 hours (SKIP TO P19)1 Within the first 48 hours (SKIP TO P19)2 Within the first week..... (SKIP TO P19)3 Within the first month..... (SKIP TO P19)4 Or longer than a month after the crashes5 DK (SKIP TO P19)8 RF (SKIP TO P19)9 N/A (SKIP)7
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P18M.	How many months after the crashes did these reactions	# OF MONTHS	<input type="text"/>
P18W.	begin? RECORD MONTHS AND WEEKS TO CAPTURE PARTIAL MONTHS.	N/A (SKIP)	97
		# OF WEEKS.....	<input type="text"/>
		N/A (SKIP)	7
P19.	Are you currently having these reactions at least a few times a week?	YES.....(SKIP TO P21).....	1
		NO	2
		DK	8
		RF	9
		N/A (SKIP)	7
P20.	For how long after the reactions started did you continue to have them at least a few times a week? Would you say the reactions lasted (READ ANSWERS)?	Less than 1 month	1
		1 to 2 months.....	2
		3 months or longer	3
		DK	8
		RF	9
		N/A (SKIP)	7
P21.	Have you discussed these reactions with a doctor, nurse, psychologist or other health professional?	YES.....	1
		NO	2
		DK	8
		RF	9
		N/A (SKIP)	7

(SCRIPT): We are finished with the questions about your exposure and reactions to the terrorist attacks. We are offering all respondents a couple of toll-free phone numbers that they can call for more information about coping with trauma. If you have a pencil and paper, I can give you those numbers now. **IF RESPONDENT INDICATES THEY WANT THE NUMBER:** The first number is 1-877-507-PTSD (7873) this is for the Posttraumatic Stress Disorder Alliance. The second number is 1-800-FYI-CALL (394-2255) this is for the National Center for Victims of Crime. You can also see their information online at www.ncvc.org. **IF INTERVIEWING IN SPANISH, ADD:** The National Center for Victims for Crime has someone who speaks Spanish available to talk with you during weekdays.

MODULE 21: ADDITIONAL DEMOGRAPHICS

We are almost done now. I want to learn just a little bit more about you.

- D1. What is the highest grade or year of school you have completed? READ ANSWERS 1-6 IF NEEDED.
- | | |
|--|---|
| | EIGHTH GRADE OR LESS 6 |
| | SOME HIGH SCHOOL 5 |
| | HIGH SCHOOL GRAD OR GED CERTIFICATE 4 |
| | SOME POST HIGH SCHOOL 3 |
| | COLLEGE GRADUATE (ASSOCIATE OR BACHELORS) 2 |
| | POST GRADUATE EDUCATION OR DEGREE 1 |
| | SOMETHING ELSE.....(SPECIFY) 7 |

D1 Code SPECIFY: _____

EDITOR NOTE: USE CODES 08-95 ONLY IN D1CODE.

PROGRAMMER NOTE: RECODE D1 ANSWERS 1-6 INTO REVERSE ORDER.

IF SC2 + SC3 + SC4 = 1 OR IF RECODED D1=01, THEN FILL D2 WITH RECODED D1 ANSWER AND SKIP TO D3.

- D2. What is the highest grade or year of school that anyone in your household has completed? READ ANSWERS 1-6 IF NEEDED.
- | | |
|--|---|
| | EIGHTH GRADE OR LESS 6 |
| | SOME HIGH SCHOOL 5 |
| | HIGH SCHOOL GRAD OR GED CERTIFICATE 4 |
| | SOME POST HIGH SCHOOL 3 |
| | COLLEGE GRADUATE (ASSOCIATE OR BACHELORS) 2 |
| | POST GRADUATE EDUCATION OR DEGREE 1 |
| | SOMETHING ELSE.....(SPECIFY) 7 |

D2 Code SPECIFY: _____

EDITOR NOTE: USE CODES 08-95 ONLY IN D2CODE.

PROGRAMMER NOTE: RECODE D2 ANSWERS 1-6 INTO REVERSE ORDER.

- D3. Are you currently (READ ANSWERS)?
- | | |
|--|---|
| | Employed or self-employed full-time 1 |
| | Employed or self-employed part-time..... 2 |
| | Homemaker or caregiver 3 |
| | Out of work or unable to work 4 |
| | Student 5 |
| | Student and employed 6 |
| | Retired..... 7 |

- D4. Do you consider yourself of Hispanic/Latino origin such as Mexican, Latin American, Puerto Rican, or Cuban?
- | | |
|--|------------|
| | YES..... 1 |
| | NO 2 |

D5. What is your race? Please select one or more of the following. READ ANSWERS AND CODE ALL THAT APPLY.

	YES	NO	DK	REF
01. American Indian/Alaskan Native	1	2	8	9
02. Asian	1	2	8	9
03. Black or African American	1	2	8	9
04. Native Hawaiian or Other Pacific Islander	1	2	8	9
05. White	1	2	8	9

PROGRAMMER NOTE: CODE INTO 5 VARIABLES, D5_01...D5_05, WHERE 1=YES AND 2=NO

D6. Are you currently (READ ANSWERS)?

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

D7. Is the (house/mobile home/apartment/home) you live in (READ ANSWERS)?

Owned by you or someone else in the home.....	1
Rented by you or someone else in the home	2
Military housing.....	3
Or something else..... (SPECIFY)	4

D7 Code SPECIFY: _____

EDITOR NOTE: USE CODES 05-95 ONLY IN D7CODE.

**PROGRAMMER NOTE: FILL BASED ON DH5. IF DH5=01 OR 02, USE HOUSE.
 IF DH5=03, USE MOBILE HOME.
 IF DH5=04, 05, OR 06, USE APARTMENT.
 IF DH5=07, OR 98, OR 99, USE HOME.**

Pov Thresh COMPUTER WILL ASSIGN HOUSEHOLD A POVERTY THRESHOLD BASED ON NUMBER OF ADULTS AND CHILDREN. IF NUMBER OF ADULTS OR NUMBER OF CHILDREN IS UNKNOWN, STORE 99998 IN POVERTY.

D8. Would you tell me which category best represents the total income brought in before taxes during the past 12 months by all members of your household? READ ANSWERS.

Under \$20,000	1
\$20,000 or more..... (SKIP TO D10).....	2
DK	8
RF	9

D9. Was it under \$10,000 or over \$10,000? INCLUDE \$10,000 AS OVER.

UNDER.....	1
OVER	2
DK	8
RF	9
N/A (SKIP)	7

PROGRAMMER NOTE: IF POVERTY=99,998, THEN STORE 8 IN D12 AND SKIP TO END.
 IF D9=1 AND POVERTY >= 10,000, THEN STORE 1 IN D12 AND SKIP TO END.
 IF D9=1 AND POVERTY < 10,000, THEN SKIP TO D12.
 IF D9=2 AND POVERTY >= 10,000 BUT <20,000, THEN SKIP TO D12.
 IF D9=2 AND POVERTY < 10,000, THEN STORE 2 IN D12 AND SKIP TO END.
 IF D9=2 AND POVERTY >= 20,000, THEN STORE 1 IN D12 AND SKIP TO END.

IF D9=8 OR 9 AND POVERTY >= 20,000, THEN STORE 1 IN D12 AND SKIP TO END.
 IF D9=8 AND POVERTY < 20,000, THEN STORE 8 IN D12 AND SKIP TO END.
 IF D9=9 AND POVERTY < 20,000, THEN STORE 9 IN D12 AND SKIP TO END.

D10. Was it under \$35,000 or over \$35,000? INCLUDE \$35,000 AS OVER.

UNDER	1
OVER (ASK D11)	2
DK	8
RF	9
N/A (SKIP)	7

PROGRAMMER NOTE: IF POVERTY=99,998, THEN STORE 8 IN D12 AND SKIP TO END.
 IF D10=1 AND POVERTY >= 20,000 BUT < 35,000, THEN SKIP TO D12.
 IF D10=1 AND POVERTY < 20,000 THEN STORE 2 IN D12 AND SKIP TO END.
 IF D10=1 AND POVERTY >= 35,000, THEN STORE 1 IN D12 AND SKIP TO END.
 IF D10=8 OR 9 AND POVERTY < 20,000, THEN STORE 2 IN D12 AND SKIP TO END.
 IF D10=8 AND POVERTY >= 20,000, THEN STORE 8 IN D12 AND SKIP TO END.
 IF D10=9 AND POVERTY >= 20,000, THEN STORE 9 IN D12 AND SKIP TO END.

D11. Was it under \$50,000 or over \$50,000? INCLUDE \$50,000 AS OVER.

UNDER	1
OVER	2
DK	8
RF	9
N/A (SKIP)	7

PROGRAMMER NOTE: IF POVERTY=99,998, THEN STORE 8 IN D12 AND SKIP TO END.
 IF D11=1 AND POVERTY >= 35,000 BUT < 50,000, THEN SKIP TO D12.
 IF D11=1 AND POVERTY < 35,000, THEN STORE 2 IN D12 AND SKIP TO END.
 IF D11=2, THEN STORE 2 IN D12 AND SKIP TO END.
 IF D11=8 OR 9 AND POVERTY < 35,000, THEN STORE 2 IN D12 AND SKIP TO END.
 IF D11=8 AND POVERTY >= 35,000, THEN STORE 8 IN D12 AND SKIP TO END.
 IF D11=9 AND POVERTY >= 35,000, THEN STORE 9 IN D12 AND SKIP TO END.

D12. Was it under or over (POVERTY)? INCLUDE EQUAL TO POVERTY THRESHOLD AS OVER.

UNDER	1
OVER	2
DK	8
RF	9

CLOSING SCRIPT

Thank you for your time and help with this survey. Lastly, I have a statement I'm required to read to you. If the survey has taken longer than expected, or if you have comments about this survey, you are invited to send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, NE, MS D-24, Atlanta, Georgia 30333; Attn: PRA (0920-0513). In appreciation for your time and effort I now need to know whether you would prefer to receive the phone card, that is a card that will provide 100 minutes of pre-paid long distance phone service, or have \$5 donated to charity. The phone card can be sent to any name and address you choose, and if you select this option I will transfer you to an independent operator who will record that information. If you prefer to have the donation made, I can record your choice of charity – either the National SAFE KIDS Campaign or the United Way. Which option would you prefer? RECORD OPTION CHOSEN, INCLUDING CHARITY CHOICE IF APPLICABLE. Thanks again (I will now transfer you to another operator. Please give this individual any name you choose, even "Resident" is fine, and any address to which you would like the phone card mailed. We do NOT need to have your identifying information.)

IF TRANSFERRING CALL, ONLY IDENTIFY CASE BY 5-DIGIT ID NUMBER