

GOVERNMENT OF THE DISTRICT OF COLUMBIA

STANDARD CONTRACT PROVISIONS

FOR USE WITH

**DISTRICT OF COLUMBIA GOVERNMENT
SUPPLIES AND SERVICES CONTRACTS**

March 2007

**OFFICE OF CONTRACTING AND PROCUREMENT
SUITE 700 SOUTH
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WASHINGTON, DC 20001**

STANDARD CONTRACT PROVISIONS
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1. Covenant Against Contingent Fees:

The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the District will have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration or otherwise recover, the full amount of the commission, percentage, brokerage, or contingent fee.

2. Shipping Instructions – Consignment:

Unless otherwise specified in this Invitation for Bids/Request for Proposals, each case, crate, barrel, package, etc., delivered under this contract must be plainly stencil marked or securely tagged, stating the Contractor's name, contract number and delivery address as noted in the contract. In case of carload lots, the Contractor shall tag the car, stating Contractor's name and contract number. Any failure to comply with these instructions will place the material at the Contractor's risk. Deliveries by rail, water, truck or otherwise, must be within the working hours and in ample time to allow for unloading and if necessary, the storing of the materials or supplies before closing time. Deliveries at any other time will not be accepted unless specific arrangements have been previously made with the contact person identified in the contract at the delivery point.

3. Patents:

The Contractor shall hold and save the District, its officers, agents, servants, and employees harmless from liability of any nature or kind, including costs, expenses, for or on account of any patented or unpatented invention, article, process, or appliance, manufactured or used in the performance of this contract, including their use by the District, unless otherwise specifically stipulated in the contract.

4. Quality:

Contractor's workmanship shall be of the highest grade, and all materials provided under this Contract shall be new, of the best quality and grade, and suitable in every respect for the purpose intended.

5. Inspection Of Supplies:

- (a) Definition. "Supplies," as used in this clause, includes, but is not limited to raw materials, components, intermediate assemblies, end products, and lots of supplies.
- (b) The Contractor shall be responsible for the materials or supplies covered by this contract until they are delivered at the designated point, but the Contractor shall bear all risk on rejected materials or supplies after notification of rejection. Upon the Contractor's failure to cure within ten (10) days after date of notification, the District may return the rejected materials or supplies to the Contractor at the Contractor's risk and expense.
- (c) The Contractor shall provide and maintain an inspection system acceptable to the District covering supplies under this contract and shall tender to the District for acceptance only supplies that have been inspected in accordance with the inspection system and have been found by the Contractor to be in conformity with contract requirements. As part of the

system, the Contractor shall prepare records evidencing all inspections made under the system and the outcome. These records shall be kept complete and made available to the District during contract performance and for as long afterwards as the contract requires. The District may perform reviews and evaluations as reasonably necessary to ascertain compliance with this paragraph. These reviews and evaluations shall be conducted in a manner that will not unduly delay the contract work. The right of review, whether exercised or not, does not relieve the Contractor of the obligations under this contract.

- (d) The District has the right to inspect and test all supplies called for by the contract, to the extent practicable, at all places and times, including the period of manufacture, and in any event before acceptance. The District will perform inspections and tests in a manner that will not unduly delay the work. The District assumes no contractual obligation to perform any inspection and test for the benefit of the Contractor unless specifically set forth elsewhere in the contract.
- (e) If the District performs inspection or test on the premises of the Contractor or subcontractor, the Contractor shall furnish, and shall require subcontractors to furnish, without additional charge, all reasonable facilities and assistance for the safe and convenient performance of these duties. Except as otherwise provided in the contract, the District will bear the expense of District inspections or tests made at other than Contractor's or subcontractor's premises; provided, that in case of rejection, the District will not be liable for any reduction in the value of inspection or test samples.
 - (1) When supplies are not ready at the time specified by the Contractor for inspection or test, the Contracting Officer may charge to the Contractor the additional cost of inspection or test.
 - (2) Contracting Officer may also charge the Contractor for any additional cost of inspection or test when prior rejection makes re-inspection or retest
- (f) The District has the right either to reject or to require correction of nonconforming supplies. Supplies are nonconforming when they are defective in material or workmanship or otherwise not in conformity with contract requirements. The District may reject nonconforming supplies with or without disposition instructions.
- (g) The Contractor shall remove supplies rejected or required to be corrected. However, the Contracting Officer may require or permit correction in place, promptly after notice, by and at the expense of the Contractor. The Contractor shall not tender for acceptance corrected or rejected supplies without disclosing the former rejection or requirement for correction, and when required, shall disclose the corrective action taken.
- (h) If the Contractor fails to remove, replace, or correct rejected supplies that are required to be replaced or corrected within ten (10) days, the District may either (1) by contract or otherwise, remove, replace or correct the supplies and charge the cost to the Contractor or (2) terminate the contract for default. Unless the Contractor corrects or replaces the supplies within the delivery schedule, the Contracting Officer may require their delivery and make an equitable price reduction. Failure to agree to a price reduction shall be a dispute.

- (i) If this contract provides for the performance of District quality assurance at source, and if requested by the District, the Contractor shall furnish advance notification of the time (i) when Contractor inspection or tests will be performed in accordance with the terms and conditions of the contract, and (ii) when the supplies will be ready for District inspection.
- (j) The District request shall specify the period and method of the advance notification and the District representative to whom it shall be furnished. Requests shall not require more than 2 business days of advance notification if the District representative is in residence in the Contractor's plant, nor more than 7 business days in other instances.
- (k) The District will accept or reject supplies as promptly as practicable after delivery, unless otherwise provided in the contract. District failure to inspect and accept or reject the supplies shall not relieve the Contractor from responsibility, nor impose liability upon the District, for non-conforming supplies.
- (l) Inspections and tests by the District do not relieve the Contractor of responsibility for defects or other failures to meet contract requirements discovered before acceptance. Acceptance shall be conclusive, except for latent defects, fraud, gross mistakes amounting to fraud, or as otherwise provided in the contract.
- (m) If acceptance is not conclusive for any of the reasons in subparagraph (l) hereof, the District, in addition to any other rights and remedies provided by law, or under provisions of this contract, shall have the right to require the Contractor (1) at no increase in contract price, to correct or replace the defective or nonconforming supplies at the original point of delivery or at the Contractor's plant at the Contracting Officer's election, and in accordance with a reasonable delivery schedule as may be agreed upon between the Contractor and the Contracting Officer; provided, that the Contracting Officer may require a reduction in contract price if the Contractor fails to meet such delivery schedule, or (2) within a reasonable time after receipt by the Contractor of notice of defects or noncompliance, to repay such portion of the contract as is equitable under the circumstances if the Contracting Officer elects not to require correction or replacement. When supplies are returned to the Contractor, the Contractor shall bear the transportation cost from the original point of delivery to the Contractor's plant and return to the original point when that point is not the Contractor's plant. If the Contractor fails to perform or act as required in (1) or (2) above and does not cure such failure within a period of 10 days (or such longer period as the Contracting Officer may authorize in writing) after receipt of notice from the Contracting Officer specifying such failure, the District will have the right to return the rejected materials at Contractor's risk and expense or contract or otherwise to replace or correct such supplies and charge to the Contractor the cost occasioned the District thereby.

6. Inspection Of Services:

- (a) Definition. "Services" as used in this clause includes services performed, workmanship, and material furnished or utilized in the performance of services.
- (b) The Contractor shall provide and maintain an inspection system acceptable to the District covering the services under this contract. Complete records of all inspection work performed by the Contractor shall be maintained and made available to the District during contract performance and for as long afterwards as the contract requires.

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- (c) The District has the right to inspect and test all services called for by the contract, to the extent practicable at all times and places during the term of the contract. The District will perform inspections and tests in a manner that will not unduly delay the work.
- (d) If the District performs inspections or tests on the premises of the Contractor or subcontractor, the Contractor shall furnish, without additional charge, all reasonable facilities and assistance for the safety and convenient performance of these duties.
- (e) If any of the services do not conform to the contract requirements, the District may require the Contractor to perform these services again in conformity with contract requirements, at no increase in contract amount. When the defects in services cannot be corrected by performance, the District may require the Contractor to take necessary action to ensure that future performance conforms to contract requirements and reduce the contract price to reflect value of services performed.
- (f) If the Contractor fails to promptly perform the services again or take the necessary action to ensure future performance in conformity to contract requirements, the District may (1) by contract or otherwise, perform the services and charge the Contractor any cost incurred by the District that is directly related to the performance of such services, or (2) terminate the contract for default.

7. **Waiver:**

The waiver of any breach of the contract will not constitute a waiver of any subsequent breach thereof, or a waiver of the contract.

8. **Default:**

- (a) The District may, subject to the provisions of paragraph (c) below, by written notice of default to the Contractor, terminate the whole or any part of this contract in any one of the following circumstances:
 - (1) If the Contractor fails to make delivery of the supplies or to perform the services within the time specified herein or any extension thereof; or
 - (2) If the Contractor fails to perform any of the other provisions of this contract, or so fails to make progress as to endanger performance of this contract in accordance with its terms, and in either of these two circumstances does not cure such failure within a period of ten (10) days (or such longer period as the Contracting Officer may authorize in writing) after receipt of notice from the Contracting Officer specifying such failure.
- (b) In the event the District terminates this contract in whole or in part as provided in paragraph (a) of this clause, the District may procure, upon such terms and in such manner as the Contracting Officer may deem appropriate, supplies or service similar to those so terminated, and the Contractor shall be liable to the District for any excess costs for similar supplies or services; provided, that the Contractor shall continue the performance of this contract to the extent not terminated under the provisions of this clause.

- (c) Except with respect to defaults of subcontractors, the Contractor shall not be liable for any excess costs if the failure to perform the contract arises out of causes beyond the control and without the fault or negligence of the Contractor. Such causes may include, but are not restricted to, acts of God or of the public enemy, acts of the District or Federal Government in either their sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case the failure to perform must be beyond the control and without fault or negligence of the Contractor. If the failure to perform is caused by the default of the subcontractor, and if such default arises out of causes beyond the control of both the Contractor and the subcontractor, and without the fault or negligence of either of them, the Contractor shall not be liable for any excess cost for failure to perform, unless the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required delivery schedule.
- (d) If this contract is terminated as provided in paragraph (a) of this clause, the District, in addition to any other rights provided in this clause, may require the Contractor to transfer title and deliver to the District, in the manner and to the extent directed by the Contracting Officer, (i) completed supplies, and (ii) such partially completed supplies and materials, parts, tools, dies, jigs, fixtures plans, drawing information, and contract rights (hereinafter called "manufacturing materials") as the Contractor has specifically produced or specifically acquired for the performance of such part of this contract as has been terminated; and the Contractor shall, upon direction of the Contracting Officer, protect and preserve property in possession of the Contractor in which the District has an interest. Payment for completed supplies delivered to and accepted by the District will be at the contract price. Payment for manufacturing materials delivered to and accepted by the District will be at the contract price. Payment for manufacturing materials delivered to and accepted by the District and for the protection and preservation of property shall be in an amount agreed upon by the Contractor and Contracting Officer; failure to agree to such amount shall be a dispute concerning a question of fact within the meaning of the clause of this contract entitled "Disputes". The District may withhold from amounts otherwise due the Contractor for such completed supplies or manufacturing materials such sum as the Contracting Officer determines to be necessary to protect the District against loss because of outstanding liens or claims of former lien holders.
- (e) If, after notice of termination of this contract under the provisions of this clause, it is determined for any reason that the Contractor was not in default under the provisions of this clause, or that the default was excusable under the provisions of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination of convenience of the District, be the same as if the notice of termination had been issued pursuant to such clause. See Clause 20 for Termination for Convenience of the District.
- (f) The rights and remedies of the District provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this contract.
- (g) As used in paragraph (c) of this clause, the terms "subcontractor(s) means subcontractor(s) at any tier.

9. Indemnification:

The Contractor agrees to defend, indemnify and hold harmless the District, its officers, agencies, departments, agents, and employees (collectively the “District”) from and against any and all claims, losses, liabilities, penalties, fines, forfeitures, demands, causes of action, suits, costs and expenses incidental thereto (including cost of defense and attorneys’ fees), resulting from, arising out of, or in any way connected to activities or work performed by the Contractor, Contractor’s officers, employees, agents, servants, subcontractors, or any other person acting for or by permission of the Contractor in performance of this Contract. The Contractor assumes all risks for direct and indirect damage or injury to the property or persons used or employed in performance of this Contract. The Contractor shall also repair or replace any District property that is damaged by the Contractor, Contractor’s officers, employees, agents, servants, subcontractors, or any other person acting for or by permission of the Contractor while performing work hereunder.

The indemnification obligation under this section shall not be limited by the existence of any insurance policy or by any limitation on the amount or type of damages, compensation or benefits payable by or for Contractor or any subcontractor, and shall survive the termination of this Contract. The District agrees to give Contractor written notice of any claim of indemnity under this section. Additionally, Contractor shall have the right and sole authority to control the defense or settlement of such claim, provided that no contribution or action by the District is required in connection with the settlement. Monies due or to become due the Contractor under the contract may be retained by the District as necessary to satisfy any outstanding claim which the District may have against the Contractor.

10. Transfer:

No contract or any interest therein shall be transferred by the parties to whom the award is made; such transfer will be null and void and will be cause to annul the contract.

11. Taxes:

(a) The Government of the District of Columbia is exempt from and will not pay Federal Excise Tax, Transportation Tax, and the District of Columbia Sales and Use Taxes.

(b) Tax exemption certificates are no longer issued by the District for Federal Excise Tax. The following statement may be used by the supplier when claiming tax deductions for Federal Excise Tax exempt items sold to the District.

“The District of Columbia Government is Exempt from Federal Excise Tax – Registration No. 52-73-0206-K, Internal Revenue Service, Baltimore, Maryland.”

Exempt From Maryland Sales Tax, Registered With The Comptroller Of The Treasury As Follows:

- a) Deliveries to Glenn Dale Hospital – Exemption No. 4647
- b) Deliveries to Children’s Center – Exemption No. 4648
- c) Deliveries to other District Departments or Agencies – Exemption No. 09339

“The District of Columbia Government is Exempt from Sales and Use Tax – Registration No. 53-600, The District of Columbia Office of Tax and Revenue.”

12. Appointment of Attorney:

- (a) The bidder/offeror or contractor (whichever the case may be) does hereby irrevocably designate and appoint the Clerk of the District of Columbia Superior Court and his successor in office as the true and lawful attorney of the Contractor for the purpose of receiving service of all notices and processes issued by any court in the District of Columbia, as well as service of all pleadings and other papers, in relation to any action or legal proceeding arising out of or pertaining to this contract or the work required or performed hereunder.
- (b) The bidder/offeror or contractor (whichever the case may be) expressly agrees that the validity of any service upon the said Clerk as herein authorized shall not be affected either by the fact that the contractor was personally within the District of Columbia and otherwise subject to personal service at the time of such service upon the said Clerk or by the fact that the contractor failed to receive a copy of such process, notice or other paper so served upon the said Clerk provided the said Clerk shall have deposited in the United States mail, registered and postage prepaid, a copy of such process, notice, pleading or other paper addressed to the bidder/offeror or contractor at the address stated in this contract.

13. District Employees Not To Benefit:

Unless a determination is made as provided herein, no officer or employee of the District will be admitted to any share or part of this contract or to any benefit that may arise therefrom, and any contract made by the Contracting Officer or any District employee authorized to execute contracts in which they or an employee of the District will be personally interested shall be void, and no payment shall be made thereon by the District or any officer thereof, but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit. A District employee shall not be a party to a contract with the District and will not knowingly cause or allow a business concern or other organization owned or substantially owned or controlled by the employee to be a party to such a contract, unless a written determination has been made by the head of the procuring agency that there is a compelling reason for contracting with the employee, such as when the District's needs cannot reasonably otherwise be met. (DC Procurement Practices Act of 1985, D.C. Law 6-85, D.C. Official Code, section 2-310.01, and Chapter 18 of the DC Personnel Regulations)

The Contractor represents and covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Contractor further covenants not to employ any person having such known interests in the performance of the contract.

14. Disputes:

- A. All disputes arising under or relating to this contract shall be resolved as provided herein.
- B. Claims by a Contractor against the District.

Claim, as used in Section B of this clause, means a written assertion by the Contractor seeking, as a matter of right, the payment of money in a sum certain, the adjustment or interpretation of contract terms, or other relief arising under or relating to this contract. A claim arising under a contract, unlike a claim relating to that

contract, is a claim that can be resolved under a contract clause that provides for the relief sought by the claimant.

- (a) All claims by a Contractor against the District arising under or relating to a contract shall be in writing and shall be submitted to the Contracting Officer for a decision. The contractor's claim shall contain at least the following:
 - (1) A description of the claim and the amount in dispute;
 - (2) Any data or other information in support of the claim;
 - (3) A brief description of the Contractor's efforts to resolve the dispute prior to filing the claim; and
 - (4) The Contractor's request for relief or other action by the Contracting Officer.
- (b) The Contracting Officer may meet with the Contractor in a further attempt to resolve the claim by agreement.
- (c) For any claim of \$50,000 or less, the Contracting Officer shall issue a decision within sixty (60) days from receipt of a written request from a Contractor that a decision be rendered within that period.
- (d) For any claim over \$50,000, the Contracting Officer shall issue a decision within ninety (90) days of receipt of the claim. Whenever possible, the Contracting Officer shall take into account factors such as the size and complexity of the claim and the adequacy of the information in support of the claim provided by the Contractor.
- (e) The Contracting Officer's written decision shall do the following:
 - (1) Provide a description of the claim or dispute;
 - (2) Refer to the pertinent contract terms;
 - (3) State the factual areas of agreement and disagreement;
 - (4) State the reasons for the decision, including any specific findings of fact, although specific findings of fact are not required and, if made, shall not be binding in any subsequent proceeding;
 - (5) If all or any part of the claim is determined to be valid, determine the amount of monetary settlement, the contract adjustment to be made, or other relief to be granted;
 - (6) Indicate that the written document is the contracting officer's final decision; and
 - (7) Inform the Contractor of the right to seek further redress by appealing the decision to the Contract Appeals Board.
- (f) Any failure by the Contracting Officer to issue a decision on a contract claim within the required time period will be deemed to be a denial of the claim, and will authorize the commencement of an appeal to the Contract Appeals Board as authorized by D.C. Official Code § 2-309.04.

- (g) (1) If a Contractor is unable to support any part of his or her claim and it is determined that the inability is attributable to a material misrepresentation of fact or fraud on the part of the Contractor, the Contractor shall be liable to the District for an amount equal to the unsupported part of the claim in addition to all costs to the District attributable to the cost of reviewing that part of the Contractor's claim.
- (2) Liability under paragraph (g)(1) shall be determined within six (6) years of the commission of the misrepresentation of fact or fraud.
- (h) The decision of the Contracting Officer shall be final and not subject to review unless an administrative appeal or action for judicial review is timely commenced by the Contractor as authorized by D. C. Official Code § 2-309.04.
- (i) Pending final decision of an appeal, action, or final settlement, a Contractor shall proceed diligently with performance of the contract in accordance with the decision of the Contracting Officer.

C. Claims by the District against a Contractor

- (a) Claim as used in Section C of this clause, means a written demand or written assertion by the District seeking, as a matter of right, the payment of money in a sum certain, the adjustment of contract terms, or other relief arising under or relating to this contract. A claim arising under a contract, unlike a claim relating to that contract, is a claim that can be resolved under a contract clause that provides for the relief sought by the claimant.
- (b) (1) All claims by the District against a Contractor arising under or relating to a contract shall be decided by the Contracting Officer.
- (2) The Contracting Officer shall send written notice of the claim to the Contractor. The Contracting Officer's written decision shall do the following:
 - (a) Provide a description of the claim or dispute;
 - (b) Refer to the pertinent contract terms;
 - (c) State the factual areas of agreement and disagreement;
 - (d) State the reasons for the decision, including any specific findings of fact, although specific findings of fact are not required and, if made, shall not be binding in any subsequent proceeding;
 - (e) If all or any part of the claim is determined to be valid, determine the amount of monetary settlement, the contract adjustment to be made, or other relief to be granted;
 - (f) Indicate that the written document is the Contracting Officer's final decision; and
 - (g) Inform the Contractor of the right to seek further redress by appealing the decision to the Contract Appeals Board.

- (3) The decision shall be supported by reasons and shall inform the Contractor of its rights as provided herein.
- (4) The authority contained in this clause shall not apply to a claim or dispute for penalties or forfeitures prescribed by statute or regulation which another District agency is specifically authorized to administer, settle, or determine.
- (5) This clause shall not authorize the Contracting Officer to settle, compromise, pay, or otherwise adjust any claim involving fraud.
- (c) The decision of the Contracting Officer shall be final and not subject to review unless an administrative appeal or action for judicial review is timely commenced by the Contractor as authorized by D.C. Official Code §2-309.04.
- (d) Pending final decision of an appeal, action, or final settlement, the Contractor shall proceed diligently with performance of the contract in accordance with the decision of the Contracting Officer.

15. Changes:

The Contracting Officer may, at any time, by written order, and without notice to the surety, if any, make changes in the contract within the general scope hereof. If such change causes an increase or decrease in the cost of performance of this contract, or in the time required for performance, an equitable adjustment shall be made. Any claim for adjustment under this paragraph must be asserted within ten (10) days from the date the change is offered; provided, however, that the Contracting Officer, if he or she determines that the facts justify such action, may receive, consider and adjust any such claim asserted at any time prior to the date of final settlement of the contract. If the parties fail to agree upon the adjustment to be made, the dispute shall be determined as provided in the Disputes clause at Section 18. Nothing in this clause shall excuse the Contractor from proceeding with the contract as changed.

16. Termination For Convenience Of The District:

- (a) The District may terminate performance of work under this contract in whole or, from time to time, in part if the Contracting Officer determines that a termination is in the District's interest. The Contracting Officer shall terminate by delivering to the Contractor a Notice of Termination specifying the extent of termination and effective date.
- (b) After receipt of a Notice of Termination, and except as directed by the Contracting Officer, the Contractor shall immediately proceed with the following obligations, regardless of any delay in determining or adjusting any amounts due under this clause:
 - (1) Stop work as specified in the notice.
 - (2) Place no further subcontracts or orders (referred to as subcontracts in this clause) for materials, services, or facilities, except as necessary to complete the continued portion of the contract.
 - (3) Terminate all contracts to the extent they relate to the work terminated.

- (4) Assign to the District, as directed by the Contracting Officer, all rights, title and interest of the Contractor under the subcontracts terminated, in which case the District will have the right to settle or pay any termination settlement proposal arising out of those terminations.
 - (5) With approval or ratification to the extent required by the Contracting Officer, settle all outstanding liabilities and termination settlement proposals arising from the termination of subcontracts. The approval or ratification will be final for purposes of this clause.
 - (6) As directed by the Contracting Officer, transfer title and deliver to the District (i) the fabricated or unfabricated parts, work in process, completed work, supplies, and other materials produced or acquired for the work terminated, and (ii) the completed or partially completed plans, drawings, information, and other property that, if the contract has been completed, would be required to be furnished to the District.
 - (7) Complete performance of the work not terminated.
 - (8) Take any action that may be necessary, or that the Contracting Officer may direct, for the protection and preservation of the property related to this contract that is in the possession of the Contractor and in which the District has or may acquire an interest.
 - (9) Use its best efforts to sell, as directed or authorized by the Contracting Officer, any property of the types referred to in subparagraph (6) above; provided, however, that the Contractor (i) is not required to extend credit to any purchaser and (ii) may acquire the property under the conditions prescribed by, and at prices approved by, the Contracting Officer. The proceeds of any transfer or disposition will be applied to reduce any payments to be made by the District under this contract, credited to the price or cost of the work, or paid in any other manner directed by the Contracting Officer.
- (c) After the expiration of ninety (90) days (or such longer period as may be agreed to) after receipt by the Contracting Officer of acceptable inventory schedules, the Contractor may submit to the Contracting Officer a list, certified as to quantity and quality of termination inventory not previously disposed of excluding items authorized for disposition by the Contracting Officer. The Contractor may request the District to remove those items or enter into an agreement for their storage. Within fifteen (15) days, the District will accept title to those items and remove them or enter into a storage agreement. The Contracting Officer may verify the list upon removal of the items, or if stored, within forty five (45) days from submission of the list, and shall correct the list, as necessary, before final settlement.
- (d) After termination, the Contractor shall submit a final termination settlement proposal to the Contracting Officer in the form and with the certification prescribed by the Contracting Officer. The Contractor shall submit the proposal promptly, but no later than one year from the effective date of termination, unless extended in writing by the Contracting Officer upon written request of the Contractor within this one year period. However, if the Contracting Officer determines that the facts justify it, a termination settlement proposal may be

received and acted on after one year or any extension. If the Contractor fails to submit the proposal within the time allowed, the Contracting Officer may determine, on the basis of information available, the amount, if any, due to the Contractor because of the termination and shall pay the amount determined.

- (e) Subject to paragraph (d) above, the Contractor and the Contracting Officer may agree upon the whole or any part of the amount to be paid because of the termination. The amount may include a reasonable allowance for profit on work done. However, the agreed amount, whether under this paragraph (e) or paragraph (f) below, exclusive of costs shown in subparagraph (f)(3) below, may not exceed the total contract price as reduced by (1) the amount of payment previously made and (2) the contract price of work not terminated. The contract shall be amended, and the Contractor paid the agreed amount. Paragraph (f) below shall not limit, restrict, or affect the amount that may be agreed upon to be paid under this paragraph.
- (f) If the Contractor and the Contracting Officer fail to agree on the whole amount to be paid because of the termination work, the Contracting Officer shall pay the Contractor the amounts determined by the Contracting Officer as follows, but without duplication of any amounts agreed on under paragraph (e) above:
 - (1) The contract price for completed supplies or services accepted by the District (or sold or acquired under subparagraph (b)(9) above) not previously paid for, adjusted for any saving of freight and other charges.
 - (2) The total of :
 - (i) The costs incurred in the performance of the work terminated, including initial costs and preparatory expense allocable thereto, but excluding any costs attributable to supplies or services paid or to be paid under subparagraph (f)(1) above;
 - (ii) The cost of settling and paying termination settlement proposals under terminated subcontracts that are properly chargeable to the terminated portion of the contract if not included in subparagraph (f)(1) above; and
 - (iii) A sum, as profit on subparagraph f(1) above, determined by the Contracting Officer to be fair and reasonable; however, if it appears that the Contractor would have sustained a loss on the entire contract had it been completed, the Contracting Officer shall allow no profit under this subparagraph (iii) and shall reduce the settlement to reflect the indicated rate of loss.
 - (3) The reasonable cost of settlement of the work terminated, including-
 - (i) Accounting, legal, clerical, and other expenses reasonably necessary for the preparation of termination settlement proposals and supporting data;
 - (ii) The termination and settlement of subcontractors (excluding the amounts of such settlements); and

- (iii) Storage, transportation, and other costs incurred, reasonably necessary for the preservation, protection, or disposition of the termination inventory.
- (g) Except for normal spoilage, and except to the extent that the District expressly assumed the risk of loss, the Contracting Officer shall exclude from the amounts payable to the Contractor under paragraph (f) above, the fair value as determined by the Contracting Officer, of property that is destroyed, lost, stolen, or damaged so as to become undeliverable to the District or to a buyer.
- (h) The Contractor shall have the right of appeal, under the Disputes clause, from any determination made by the Contracting Officer under paragraphs (d), (f) or (j), except that if the Contractor failed to submit the termination settlement proposal within the time provided in paragraph (d) or (j), and failed to request a time extension, there is no right of appeal. If the Contracting Officer has made a determination of the amount due under paragraph (d), (f) or (j), the District will pay the Contractor (1) the amount determined by the Contracting Officer if there is no right of appeal or if no timely appeal has been taken, or (2) the amount finally determined on an appeal.
- (i) In arriving at the amount due the Contractor under this clause, there shall be deducted:
 - (1) All unliquidated advances or other payments to the Contractor under the termination portion of the contract;
 - (2) Any claim which the District has against the Contractor under this contract; and
 - (3) The agreed price for, or the proceeds of sale of, materials, supplies, or other things acquired by the Contractor or sold under the provisions of this clause and not recovered by or credited to the District.
- (j) If the termination is partial, the Contractor may file a proposal with the Contracting Officer for an equitable adjustment of the price(s) of the continued portion of the contract. The Contracting Officer shall make any equitable adjustment agreed upon. Any proposal by the Contractor for an equitable adjustment under this clause shall be requested within ninety (90) days from the effective date of termination unless extended in writing by the Contracting Officer.
- (k) (1) The District may, under the terms and conditions it prescribes, make partial payments and payments against costs incurred by the Contractor for the terminated portion of the contract, if the Contracting Officer believes the total of these payments will not exceed the amount to which the Contractor shall be entitled.
 - (2) If the total payments exceed the amount finally determined to be due, the Contractor shall repay the excess to the District upon demand together with interest computed at the rate of 10 percent (10%) per year. Interest shall be computed for the period from the date the excess payment is received by the Contractor to the date the excess payment is repaid. Interest shall not be charged on any excess payment due to a reduction in the Contractor's termination settlement proposal because of retention or

other disposition of termination inventory until 10 days after the date of the retention or disposition, or a later date determined by the Contracting Officer because of the circumstances.

- (l) Unless otherwise provided in this contract or by statute, the Contractor shall maintain all records and documents relating to the terminated portion of this contract for 3 years after final settlement. This includes all books and other evidence bearing on the Contractor's costs and expenses under this contract. The Contractor shall make these records and documents available to the District, at the Contractor's office, at all reasonable times, without any direct charge. If approved by the Contracting Officer, photographs, micrographs, or other authentic reproductions may be maintained instead of original records and documents.

17. Recovery Of Debts Owed The District:

The Contractor hereby agrees that the District may use all or any portion of any consideration or refund due the Contractor under the present contract to satisfy, in whole or part, any debt due the District.

18. Retention and Examination Of Records:

The Contractor shall establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting principles and practices which sufficiently and properly reflect all revenues and expenditures of funds provided by the District under the contract that results from this solicitation.

The Contractor shall retain all records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the contract for a period of three (3) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of three (3) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of the contract.

The Contractor shall assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, District, or other personnel duly authorized by the Contracting Officer.

The Contracting Officer, the Inspector General and the District of Columbia Auditor, or any of their duly authorized representatives shall, until three years after final payment, have the right to examine any directly pertinent books, documents, papers and records of the Contractor involving transactions related to the contract.

19. Non-Discrimination Clause:

- (a) The Contractor shall not discriminate in any manner against any employee or applicant for employment that would constitute a violation of the District of Columbia Human Rights Act, approved December 13, 1977, as amended (D. C. Law 2-38; D. C. Official Code §2-1402.11) (2001 Ed.) ("Act" as used in this Section). The Contractor shall include a similar clause in all subcontracts, except subcontracts for standard commercial supplies or raw materials. In addition, Contractor agrees and any subcontractor shall agree to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause as provided in Section 251 of the Act.

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(b) Pursuant to rules of the Office of Human Rights, published on August 15, 1986 in the D. C. Register, Mayor's Order 2002-175 (10/23/02), 49 DCR 9883 and Mayor's Order 2006-151 (11/17/06), 52 DCR 9351, the following clauses apply to this contract:

- (1) The Contractor shall not discriminate against any employee or applicant for employment because of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, disability, matriculation, political affiliation, genetic information, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act.
- (2) The Contractor agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, disability, matriculation, political affiliation, genetic information, source of income, or place of residence or business.

The affirmative action shall include, but not be limited to the following:

- (a) employment, upgrading or transfer;
 - (b) recruitment, or recruitment advertising;
 - (c) demotion, layoff, or termination;
 - (d) rates of pay, or other forms of compensation; and
 - (e) selection for training and apprenticeship.
- (3) The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Contracting Agency, setting forth the provisions in subsections (b)(1) and (b)(2) concerning non-discrimination and affirmative action.
 - (4) The Contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment pursuant to the non-discrimination requirements set forth in subsection (b)(2).
 - (5) The Contractor agrees to send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the contracting agency, advising the said labor union or workers' representative of that contractor's commitments under this nondiscrimination clause and the Act, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

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- (6) The Contractor agrees to permit access to his books, records and accounts pertaining to its employment practices, by the Chief Procurement Officer or designee, or the Director of Human Rights or designee, for purposes of investigation to ascertain compliance with this chapter, and to require under terms of any subcontractor agreement each subcontractor to permit access of such subcontractors' books, records, and accounts for such purposes.
- (7) The Contractor agrees to comply with the provisions of this chapter and with all guidelines for equal employment opportunity applicable in the District of Columbia adopted by the Director of the Office of Human Rights, or any authorized official.
- (8) The Contractor shall include in every subcontract the equal opportunity clauses, subsections (b)(1) through (b)(9) of this section, so that such provisions shall be binding upon each subcontractor or vendor.
- (9) The Contractor shall take such action with respect to any subcontract as the Contracting Officer may direct as a means of enforcing these provisions, including sanctions for noncompliance; provided, however, that in the event the Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the Contractor may request the District to enter into such litigation to protect the interest of the District.

20. Definitions:

The terms Mayor, Chief Procurement Officer, Contract Appeals Board and District will mean the Mayor of the District of Columbia, the Chief Procurement Officer of the District of Columbia or his/her alternate, the Contract Appeals Board of the District of Columbia, and the Government of the District of Columbia respectively. If the Contractor is an individual, the term Contractor shall mean the Contractor, his heirs, his executor and his administrator. If the Contractor is a corporation, the term Contractor shall mean the Contractor and its successor.

21. Health And Safety Standards:

Items delivered under this contract shall conform to all requirements of the Occupational Safety and Health Act of 1970, as amended ("OSHA"), and Department of Labor Regulations under OSHA, and all Federal requirements in effect at time of bid opening/proposal submission.

22. Appropriation Of Funds:

The District's liability under this contract is contingent upon the future availability of appropriated monies with which to make payment for the contract purposes. The legal liability on the part of the District for the payment of any money shall not arise unless and until such appropriation shall have been provided.

23. Buy American Act:

- (a) The Buy American Act (41 U.S.C. §10a) provides that the District give preference to domestic end products.

“Components,” as used in this clause, means those articles, materials, and supplies incorporated directly into the end products.

“Domestic end product,” as used in this clause, means, (1) an unmanufactured end product mined or produced in the United States, or (2) an end product manufactured in the United States, if the cost of its components mined, produced, or manufactured in the United States, exceeds 50 percent of the cost of all its components. Components of foreign origin of the same class or kind as the products referred to in paragraphs (b)(2) or (3) of this clause shall be treated as domestic. Scrap generated, collected, and prepared for processing in the United States is considered domestic.

“End products,” as used in this clause, means those articles, materials, and supplies to be acquired for public use under this contract.

- (b) The Contractor shall deliver only domestic end products, except those-
 - (1) For use outside the United States;
 - (2) That the District determines are not mined, produced, or manufactured in the United States in sufficient and reasonably available commercial quantities of a satisfactory quality;
 - (3) For which the District determines that domestic preference would be inconsistent with the public interest; or
 - (4) For which the District determines the cost to be unreasonable.

24. Service Contract Act of 1965:

- (a) Definitions. “Act,” as used in this clause, means the Service Contract Act of 1965, as amended (41 U.S.C. §351, *et seq.*).
 - (1) “Contractor,” as used in this clause, means the prime Contractor or any subcontractor at any tier.
 - (2) “Service employee,” as used in this clause, means any person (other than a person employed in a bona fide executive, administrative, or professional capacity as defined in 29 CFR 541) engaged in performing a District contract not exempted under 41 U.S.C. §356, the principal purpose of which is to furnish services in the United States, as defined in section 22.1001 of the Federal Acquisition Regulation. It includes all such persons regardless of the actual or alleged contractual relationship between them and a contractor.
- (b) Applicability. To the extent that the Act applies, this contract is subject to the following provisions and to all other applicable provisions of the Act and regulations of the Secretary of Labor (20 CFR part 4). All interpretations of the Act in Subpart C of 29 CFR 4 are incorporated in this contract by reference. This clause does not apply to contracts or subcontracts administratively exempted by the Secretary of Labor or exempted by 41 U.S.C. §356, as interpreted in Subpart C of 29 CFR 4.
- (c) Compensation.

- (1) Each service employee employed in the performance of this contract by the Contractor or any subcontractor shall be paid not less than the minimum monetary wages and shall be furnished fringe benefits in accordance with the wages and fringe benefits determined by the Secretary of Labor or the Secretary's authorized representative, as specified in any wage determination attached to this contract.
- (2) If a wage determination is attached to this contract, the Contractor shall classify any class of service employees not listed in it, but to be employed under this contract (i.e., the work to be performed is not performed by any classification listed in the wage determination) so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed class of employees shall be paid the monetary wages and furnished the fringe benefits as are determined pursuant to the procedures in this paragraph. This conforming procedure shall be initiated by the Contractor prior to the performance of contract work by the unlisted class of employee.
 - (a) The Contractor shall submit Standard Form (SF) 1444, Request for Authorization of Additional Classification and Rate, to the Contracting Officer no later than 30 days after the unlisted class of employee performs any contract work. The Contracting Officer shall review the proposed classification and rate and promptly submit the completed SF 1444 (which must include information regarding the agreement or disagreement of the employees' authorized representatives or the employees themselves together with the agency recommendation), and all pertinent information to the Wage and Hour Division, Employment Standards Administration (ESA), Department of Labor. The Wage and Hour Division will approve, modify, or disapprove the action or render a final determination in the event of disagreement within 30 days of receipt or will notify the Contracting Officer within 30 days of receipt that additional time is necessary;
 - (b) The final determination of the conformance action by the Wage and Hour Division shall be transmitted to the Contracting Officer who shall promptly notify the Contractor of the action taken. Each affected employee shall be furnished by the Contracting Officer with a written copy of such determination or it shall be posted as a part of the wage determination;
 - (c) The process of establishing wage and fringe benefit rates that bear a reasonable relationship to those listed in a wage determination cannot be reduced to any single formula. The approach used may vary from wage determination to wage determination depending on the circumstances. Standard wage and salary administration practices which rank various job classifications by pay grade pursuant to point schemes or other job factors may, for example, be relied upon. Guidance may also be obtained from the way different jobs are rated under Federal pay systems (Federal Wage Board Pay System and the General

Schedule) or from other wage determinations issued in the same locality. Basic to the establishment of any conformable wage rate(s) is the concept that a pay relationship should be maintained between job classifications based on the skill required and the duties performed;

- (d) In the case of a contract modification, an exercise of an option, or extension of an existing contract, or in any other case where a Contractor succeeds to a contract under which the classification in question was previously conformed pursuant to this clause, a new conformed wage rate and fringe benefits may be assigned to the conformed classification by indexing (*i.e.*, adjusting) the previous conformed rate and fringe benefits by an amount equal to the average (mean) percentage increase (or decrease, where appropriate) between the wages and fringe benefits specified for all classifications to be used on the contract which are listed in the current wage determination, and those specified for the corresponding classifications in the previously applicable wage determination. Where conforming actions are accomplished in accordance with this paragraph prior to the performance of contract work by the unlisted class of employees, the Contractor shall advise the Contracting Officer of the action taken but the other procedures in this clause need not be followed;
 - (e) No employee engaged in performing work on this contract shall in any event be paid less than the currently applicable minimum wage specified under section 6(a)(1) of the Fair Labor Standards Act of 1938, as amended;
 - (f) The wage rate and fringe benefits finally determined under this clause shall be paid to all employees performing in the classification from the first day on which contract work is performed by them in the classification. Failure to pay the unlisted employees the compensation agreed upon by the interested parties or finally determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract;
 - (g) Upon discovery of failure to comply with this clause, the Wage and Hour Division shall make a final determination of conformed classification, wage rate, and/or fringe benefits which shall be retroactive to the date such class or classes of employees commenced contract work.
- (3) If the term of this contract is more than 1 year, the minimum wages and fringe benefits required for service employees under this contract shall be subject to adjustment after 1 year and not less often than once every 2 years, under wage determinations issued by ESA.
 - (4) The Contractor can discharge the obligation to furnish fringe benefits specified in the attachment or determined under paragraph (2) of this clause by furnishing any equivalent combinations of bona fide fringe

benefits, or by making equivalent or differential cash payments, in accordance with Subpart B and C of 29 CFR 4.

- (d) Minimum wage: In the absence of a minimum wage attachment for this contract, the Contractor shall not pay any service or other employees performing this contract less than the minimum wage specified by section 6(a)(1) of the Fair Labor Standards Act of 1938, as amended (29 U.S.C. §206). Nothing in this clause shall relieve the Contractor of any other legal or contractual obligation to pay a higher wage to any employee.
- (e) Successor contracts: If this contract succeeds a contract subject to the Act under which substantially the same services were furnished and service employees were paid wages and fringe benefits provided for in a collective bargaining agreement, then, in the absence of a minimum wage attachment to this contract, the Contractor may not pay any service employee performing this contract less than the wages and benefits, including those accrued and any prospective increases, provided for under that agreement. No Contractor may be relieved of this obligation unless the limitations of 29 CFR 4.1c(b) apply or unless the Secretary of Labor or the Secretary's authorized representative:
 - (1) Determines that the agreement under the predecessor was not the result of arms-length negotiations; or
 - (2) Finds, after a hearing under 29 CFR 4.10, that the wages and benefits provided for by that agreement vary substantially from those prevailing for similar services in the locality or determines, as provided in 29 CFR 4.11, that the collective bargaining agreement applicable to service employees employed under the predecessor contract was not entered into as a result of arm's length negotiations. Where it is found in accordance with the review procedures provided in 29 CFR 4.10 and 4.11 and parts 6 and 8 that some or all of the wages and fringe benefits contained in a predecessor Contractor's collective bargaining agreement are substantially at variance with those which prevail for services of a character similar in the locality, and that the collective bargaining agreement applicable to service employees employed under the predecessor contract was not entered into as a result of arm's length negotiations, the Department will issue a new or revised wage determination setting forth the applicable wage rates and fringe benefits. Such determination shall be made part of the contract or subcontract, in accordance with the decision of the Administrator, the Administrative Law Judge, or the Board of Service Contract Appeals, as the case may be, irrespective of whether such issuance occurs prior to or after the award of a contract or subcontract (53 Comp. Gen. 401 (1973)). In the case of a wage determination issued solely as a result of a finding of substantial variance, such determination shall be effective as of the date of the final administrative decision.
- (f) Notification to employees: The Contractor shall notify each service employee commencing work on this contract of a minimum wage and any fringe benefits required to be paid, or shall post a notice of these wages and benefits in a prominent and accessible place at the worksite, using such poster as may be provided by the Department of Labor.

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- (g) Safe and sanitary working conditions: The Contractor shall not permit services called for by this contract to be performed in buildings or surroundings or under working conditions provided by or under the control or supervision of the Contractor that are unsanitary, hazardous, or dangerous to the health or safety of service employees. The Contractor shall comply with the health standards applied under 29 CFR Part 1925.
- (h) Records: The Contractor shall maintain for 3 years from the completion of work, and make available for inspection and transcription by authorized ESA representatives, a record of the following:
 - (1) For each employee subject to the Act:
 - (a) Name and address;
 - (b) Work classification or classifications, rate or rates of wages and fringe benefits provided, rate or rates of payments in lieu of fringe benefits, and total daily and weekly compensation;
 - (c) Daily and weekly hours worked; and
 - (d) Any deductions, rebates, or refunds from total daily or weekly compensation.
 - (2) For those classes of service employees not included in any wage determination attached to this contract, wage rates or fringe benefits determined by the interested parties or by ESA under the terms of paragraph (c)(3) of this clause. A copy of the report required by paragraph (e) of this clause will fulfill this requirement.
 - (3) Any list of the predecessor Contractor's employees which had been furnished to the Contractor as prescribed by this clause. The Contractor shall also make available a copy of this contract for inspection or transcription by authorized representatives of the Wage and Hour Division. Failure to make and maintain or to make available these records for inspection and transcription shall be a violation of the regulations and this contract, and in the case of failure to produce these records, the Contracting Officer, upon direction of the Department of Labor and notification to the Contractor, shall take action to cause suspension of any further payment or advance of funds until the violation ceases. The Contractor shall permit authorized representatives of the Wage and Hour Division to conduct interviews with employees at the worksite during normal working hours.
- (i) Pay periods: The Contractor shall unconditionally pay to each employee subject to the Act all wages due free and clear and without subsequent deduction (except as otherwise provided by law or regulations, 29 CFR part 4), rebate, or kickback on any account. These payments shall be made no later than one pay period following the end of the regular pay period in which the wages were earned or accrued. A pay period under this Act may not be of any duration longer than semi-monthly.
- (j) Withholding of payments and termination of contract: The Contracting Officer shall withhold from the prime Contractor under this or any other District contract

with the prime contractor any sums the Contracting Officer, or an appropriate officer of the Labor Department, decides may be necessary to pay underpaid employees. In the event of failure to pay any employees subject to the Act all or part of the wages or fringe benefits due under the Act, the Contracting Officer may, after authorization or by direction of the Department of Labor and written notification to the Contractor, take action to cause suspension of any further payment or advance of funds until such violations have ceased. Additionally, any failure to comply with the requirements of this clause may be grounds for termination for default. In such event, the District may enter into other contracts or arrangements for completion of the work, charging the Contractor in default with any additional cost.

- (k) Subcontracts: The Contractor agrees to insert this clause in all subcontracts.
- (l) Contractor's report:
 - (1) If there is a wage determination attachment to this contract and any classes of service employees not listed on it are to be employed under the contract, the Contractor shall report promptly to the Contracting Officer the wages to be paid and the fringe benefits to be provided each of these classes, when determined under paragraph (c) of this clause.
 - (2) If wages to be paid or fringe benefits to be furnished any service employees under the contract are covered in a collective bargaining agreement effective at any time when the contract is being performed, the Contractor shall provide to the Contracting Officer a copy of the agreement and full information on the application and accrual of wages and benefits (including any prospective increases) to service employees working on the contract. The Contractor shall report when contract performance begins, in the case of agreements then in effect, and shall report subsequently effective agreements, provisions, or amendments promptly after they are negotiated.
- (m) Contractor's Certification: By entering into this contract, the Contractor (and officials thereof) certifies that neither it (nor he or she) nor any person or firm who has a substantial interest in the Contractor's firm is a person or firm ineligible to be awarded District contracts by virtue of the sanctions imposed under section 5 of the Act. No part of this contract shall be subcontracted to any person or firm ineligible for award of a District contract under section 5 of the Act. The penalty for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. §1001.
- (n) Variations, tolerances, and exemptions involving employment: Notwithstanding any of the provisions in paragraphs (c) through (l) of this clause, the following employees may be employed in accordance with the following variations, tolerances, and exemptions authorized by the Secretary of Labor.
 - (1)(i) In accordance with regulations issued under Section 14 of the Fair Labor Standards Act of 1938 by the Administrator of the Wage and Hour Division, ESA (29 CFR 520, 521, 524, and 525), apprentices, student learners, and workers whose earning capacity is impaired by age or by physical or mental deficiency or injury, may be employed at wages lower than the minimum wages otherwise required by section 2(a)(1) or 2(b)(1)

of the Service Contract Act, without diminishing any fringe benefits or payments in lieu of these benefits required under section 2(a)(2) of the Act.

- (ii) The Administrator will issue certificates under the Act for employing apprentices, student-learners, handicapped persons, or handicapped clients of sheltered workshops not subject to the Fair Labor Standards Act of 1938, or subject to different minimum rates of pay under the two acts, authorizing appropriate rates of minimum wages, but without changing requirements concerning fringe benefits or supplementary cash payments in lieu of these benefits.
 - (iii) The Administrator may also withdraw, annul, or cancel such certificates under 29 CFR 525 and 528.
- (2) An employee engaged in an occupation in which the employee customarily and regularly receives more than \$30 a month in tips shall be credited by the employer against the minimum wage required by section 2(a)(1) or section 2(b)(1) of the Act, in accordance with regulations in 29 CFR 531. However, the amount of credit shall not exceed 40 percent of the minimum rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 as amended.

25. Cost and Pricing Data:

- (a) This paragraph and paragraphs b through e below shall apply to contractors or offerors in regards to: (1) any procurement in excess of \$100,000, (2) any contract awarded through competitive sealed proposals, (3) any contract awarded through sole source procurement, or (4) any change order or contract modification. By entering into this contract or submitting this offer, the Contractor or offeror certifies that, to the best of the Contractor's or offeror's knowledge and belief, any cost and pricing data submitted was accurate, complete and current as of the date specified in the contract or offer.
- (b) Unless otherwise provided in the solicitation, the offeror or Contractor shall, before entering into any contract awarded through competitive sealed proposals or through sole source procurement or before negotiating any price adjustments pursuant to a change order or modification, submit cost or pricing data and certification that, to the best of the Contractor's knowledge and belief, the cost or pricing data submitted was accurate, complete, and current as of the date of award of this contract or as of the date of negotiation of the change order or modification.
- (c) If any price, including profit or fee, negotiated in connection with this contract, or any cost reimbursable under this contract, was increased by any significant amount because (1) the Contractor or a subcontractor furnished cost or pricing data that were not complete, accurate, and current as certified by the Contractor, (2) a subcontractor or prospective subcontractor furnished the Contractor cost or pricing data that were not complete, accurate, and current as certified by the Contractor, or (3) any of these parties furnished data of any description that were not accurate, the price or cost shall be reduced accordingly and the contract shall be modified to reflect the reduction.

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- (d) Any reduction in the contract price under paragraph c above due to defective data from a prospective subcontractor that was not subsequently awarded, the subcontract shall be limited to the amount, plus applicable overhead and profit markup, by which (1) the actual subcontract or (2) the actual cost to the Contractor, if there was no subcontract, was less than the prospective subcontract cost estimate submitted by the Contractor; provided that the actual subcontract price was not itself affected by defective cost or pricing data.
- (e) Cost or pricing data includes all facts as of the time of price agreement that prudent buyers and sellers would reasonably expect to affect price negotiations significantly. Cost or pricing data are factual, not judgmental, and are therefore verifiable. While they do not indicate the accuracy of the prospective Contractor's judgment about estimated future costs or projections, cost or pricing data do include the data forming the basis for that judgment. Cost or pricing data are more than historical accounting data; they are all the facts that can be reasonably expected to contribute to the soundness of estimates of future costs and to the validity of determinations of costs already incurred.
- (f) The following specific information should be included as cost or pricing data, as applicable:
 - (1) Vendor quotations;
 - (2) Nonrecurring costs;
 - (3) Information on changes in production methods or purchasing volume;
 - (4) Data supporting projections of business prospects and objectives and related operations costs;
 - (5) Unit – cost trends such as those associated with labor efficiency;
 - (6) Make or buy decisions;
 - (7) Estimated resources to attain business goals;
 - (8) Information on management decisions that could have a significant bearing on costs.
- (g) If the offeror or contractor is required by law to submit cost or pricing data in connection with pricing this contract or any change order or modification of this contract, the Contracting Officer or representatives of the Contracting Officer shall have the right to examine all books, records, documents and other data of the Contractor (including computations and projections) related to negotiating, pricing, or performing the contract, change order or modification, in order to evaluate the accuracy, completeness, and currency of the cost or pricing data. The right of examination shall extend to all documents necessary to permit adequate evaluation of the cost or pricing data submitted, along with the computations and projections used. Contractor shall make available at its office at all reasonable times the materials described above for examination, audit, or reproduction until three years after the later of:
 - (1) final payment under the contract;

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- (2) final termination settlement; or
- (3) the final disposition of any appeals under the disputes clause or of litigation or the settlement of claims arising under or relating to the contract.

26. Multiyear Contract:

If this contract is a multiyear contract, then the following provision is made part of this contract:

If funds are not appropriated or otherwise made available for the continued performance in a subsequent year of a multiyear contract, the contract for the subsequent year shall be terminated, either automatically or in accordance with the termination clause of the contract. Unless otherwise provided for in the contract, the effect of termination is to discharge both the District and the Contractor from future performance of the contract, but not from the existing obligations. The Contractor shall be reimbursed for the reasonable value of any non-recurring costs incurred but not amortized in the price of the supplies or services delivered under the contract.

27. Termination Of Contracts For Certain Crimes And Violations:

- (a) The District may terminate without liability any contract and may deduct from the contract price or otherwise recover the full amount of any fee, commission, percentage, gift, or consideration paid in violation of this title if:
 - (1) The Contractor has been convicted of a crime arising out of or in connection with the procurement of any work to be done or any payment to be made under the contract; or
 - (2) There has been any breach or violation of:
 - (A) Any provision of the Procurement Practices Act of 1985, as amended, or
 - (B) The contract provision against contingent fees.
- (b) If a contract is terminated pursuant to this section, the Contractor:
 - (1) May be paid only the actual costs of the work performed to the date of termination, plus termination costs, if any; and
 - (2) Shall refund all profits or fixed fees realized under the Contract.
- (c) The rights and remedies contained in this are in addition to any other right or remedy provided by law, and the exercise of any of them is not a waiver of any other right or remedy provided by law.

ATTACHMENT J.2

WD 05-2103 (Rev.-5) was first posted on www.wdol.gov on 05/13/2008

REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

William W. Gross Division of | Revision No.: 5
Director Wage Determinations | Date Of Revision: 05/08/2008
Wage Determination No.: 2005-2103

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide

Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St
Mary's

Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King
George, Loudoun, Prince William, Stafford

****Fringe Benefits Required Follow the Occupational Listing****

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support And Clerical Occupations	
01011 - Accounting Clerk I	14.05
01012 - Accounting Clerk II	15.78
01013 - Accounting Clerk III	20.27
01020 - Administrative Assistant	25.95
01040 - Court Reporter	19.46
01051 - Data Entry Operator I	13.07
01052 - Data Entry Operator II	14.26
01060 - Dispatcher, Motor Vehicle	16.79
01070 - Document Preparation Clerk	13.64
01090 - Duplicating Machine Operator	13.64
01111 - General Clerk I	13.92
01112 - General Clerk II	15.32
01113 - General Clerk III	18.74
01120 - Housing Referral Assistant	23.83
01141 - Messenger Courier	11.25
01191 - Order Clerk I	14.74
01192 - Order Clerk II	16.29
01261 - Personnel Assistant (Employment) I	16.90
01262 - Personnel Assistant (Employment) II	18.90

01263 - Personnel Assistant (Employment) III	21.66
01270 - Production Control Clerk	21.29
01280 - Receptionist	13.18
01290 - Rental Clerk	16.16
01300 - Scheduler, Maintenance	16.16
01311 - Secretary I	17.26
01312 - Secretary II	19.41
01313 - Secretary III	23.83
01320 - Service Order Dispatcher	16.10
01410 - Supply Technician	25.95
01420 - Survey Worker	19.46
01531 - Travel Clerk I	12.59
01532 - Travel Clerk II	13.54
01533 - Travel Clerk III	14.54
01611 - Word Processor I	13.76
01612 - Word Processor II	16.16
01613 - Word Processor III	19.46
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	25.26
05010 - Automotive Electrician	21.37
05040 - Automotive Glass Installer	20.14
05070 - Automotive Worker	20.14
05110 - Mobile Equipment Servicer	17.31
05130 - Motor Equipment Metal Mechanic	22.53
05160 - Motor Equipment Metal Worker	20.14
05190 - Motor Vehicle Mechanic	22.53
05220 - Motor Vehicle Mechanic Helper	16.81
05250 - Motor Vehicle Upholstery Worker	19.66
05280 - Motor Vehicle Wrecker	20.14
05310 - Painter, Automotive	21.37
05340 - Radiator Repair Specialist	20.14
05370 - Tire Repairer	14.43
05400 - Transmission Repair Specialist	22.53
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.18
07041 - Cook I	11.97
07042 - Cook II	13.28
07070 - Dishwasher	9.82
07130 - Food Service Worker	10.66
07210 - Meat Cutter	16.07
07260 - Waiter/Waitress	8.82
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.05
09040 - Furniture Handler	12.78
09080 - Furniture Refinisher	18.39
09090 - Furniture Refinisher Helper	14.11
09110 - Furniture Repairer, Minor	16.31
09130 - Upholsterer	18.05
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	9.85

11060 - Elevator Operator	9.85
11090 - Gardener	15.70
11122 - Housekeeping Aide	10.89
11150 - Janitor	10.89
11210 - Laborer, Grounds Maintenance	12.07
11240 - Maid or Houseman	10.84
11260 - Pruner	11.37
11270 - Tractor Operator	14.19
11330 - Trail Maintenance Worker	12.07
11360 - Window Cleaner	11.31
12000 - Health Occupations	
12010 - Ambulance Driver	17.69
12011 - Breath Alcohol Technician	18.55
12012 - Certified Occupational Therapist Assistant	21.01
12015 - Certified Physical Therapist Assistant	21.01
12020 - Dental Assistant	16.90
12025 - Dental Hygienist	40.68
12030 - EKG Technician	24.77
12035 - Electroneurodiagnostic Technologist	24.77
12040 - Emergency Medical Technician	18.55
12071 - Licensed Practical Nurse I	18.60
12072 - Licensed Practical Nurse II	20.82
12073 - Licensed Practical Nurse III	22.85
12100 - Medical Assistant	14.23
12130 - Medical Laboratory Technician	18.04
12160 - Medical Record Clerk	16.06
12190 - Medical Record Technician	17.96
12195 - Medical Transcriptionist	17.93
12210 - Nuclear Medicine Technologist	31.82
12221 - Nursing Assistant I	9.75
12222 - Nursing Assistant II	10.96
12223 - Nursing Assistant III	13.02
12224 - Nursing Assistant IV	14.62
12235 - Optical Dispenser	18.34
12236 - Optical Technician	14.41
12250 - Pharmacy Technician	16.31
12280 - Phlebotomist	14.62
12305 - Radiologic Technologist	28.28
12311 - Registered Nurse I	26.73
12312 - Registered Nurse II	31.24
12313 - Registered Nurse II, Specialist	31.24
12314 - Registered Nurse III	37.77
12315 - Registered Nurse III, Anesthetist	37.77
12316 - Registered Nurse IV	45.28
12317 - Scheduler (Drug and Alcohol Testing)	18.85
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	18.55
13012 - Exhibits Specialist II	23.33
13013 - Exhibits Specialist III	28.11
13041 - Illustrator I	20.40

13042 - Illustrator II	25.28	
13043 - Illustrator III	30.91	
13047 - Librarian	28.00	
13050 - Library Aide/Clerk	13.77	
13054 - Library Information Technology Systems Administrator		25.29
13058 - Library Technician	19.05	
13061 - Media Specialist I	17.03	
13062 - Media Specialist II	19.05	
13063 - Media Specialist III	21.24	
13071 - Photographer I	14.67	
13072 - Photographer II	17.18	
13073 - Photographer III	21.52	
13074 - Photographer IV	26.05	
13075 - Photographer V	29.15	
13110 - Video Teleconference Technician		17.59
14000 - Information Technology Occupations		
14041 - Computer Operator I	17.78	
14042 - Computer Operator II	19.88	
14043 - Computer Operator III	22.17	
14044 - Computer Operator IV	24.64	
14045 - Computer Operator V	27.28	
14071 - Computer Programmer I (1)		23.12
14072 - Computer Programmer II (1)		
14073 - Computer Programmer III (1)		
14074 - Computer Programmer IV (1)		
14101 - Computer Systems Analyst I (1)		
14102 - Computer Systems Analyst II (1)		
14103 - Computer Systems Analyst III (1)		
14150 - Peripheral Equipment Operator	17.78	
14160 - Personal Computer Support Technician		24.64
15000 - Instructional Occupations		
15010 - Aircrew Training Devices Instructor (Non-Rated)		34.77
15020 - Aircrew Training Devices Instructor (Rated)		42.72
15030 - Air Crew Training Devices Instructor (Pilot)		50.81
15050 - Computer Based Training Specialist / Instructor		31.26
15060 - Educational Technologist	30.88	
15070 - Flight Instructor (Pilot)	50.81	
15080 - Graphic Artist	26.80	
15090 - Technical Instructor	23.87	
15095 - Technical Instructor/Course Developer		29.19
15110 - Test Proctor	19.22	
15120 - Tutor	19.22	
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations		
16010 - Assembler	9.29	
16030 - Counter Attendant	9.29	
16040 - Dry Cleaner	12.21	
16070 - Finisher, Flatwork, Machine	9.29	
16090 - Presser, Hand	9.29	
16110 - Presser, Machine, Drycleaning		9.29
16130 - Presser, Machine, Shirts		9.29

16160 - Presser, Machine, Wearing Apparel, Laundry	9.29
16190 - Sewing Machine Operator	12.79
16220 - Tailor	13.57
16250 - Washer, Machine	10.16
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	18.95
19040 - Tool And Die Maker	23.05
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	17.90
21030 - Material Coordinator	21.29
21040 - Material Expediter	21.29
21050 - Material Handling Laborer	12.65
21071 - Order Filler	13.87
21080 - Production Line Worker (Food Processing)	17.90
21110 - Shipping Packer	14.46
21130 - Shipping/Receiving Clerk	14.46
21140 - Store Worker I	10.91
21150 - Stock Clerk	15.70
21210 - Tools And Parts Attendant	17.90
21410 - Warehouse Specialist	17.90
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	25.68
23021 - Aircraft Mechanic I	24.46
23022 - Aircraft Mechanic II	25.68
23023 - Aircraft Mechanic III	26.97
23040 - Aircraft Mechanic Helper	16.61
23050 - Aircraft, Painter	23.42
23060 - Aircraft Servicer	18.71
23080 - Aircraft Worker	19.90
23110 - Appliance Mechanic	20.60
23120 - Bicycle Repairer	14.43
23125 - Cable Splicer	24.98
23130 - Carpenter, Maintenance	20.88
23140 - Carpet Layer	19.33
23160 - Electrician, Maintenance	26.56
23181 - Electronics Technician Maintenance I	22.73
23182 - Electronics Technician Maintenance II	24.13
23183 - Electronics Technician Maintenance III	25.42
23260 - Fabric Worker	18.04
23290 - Fire Alarm System Mechanic	21.46
23310 - Fire Extinguisher Repairer	16.50
23311 - Fuel Distribution System Mechanic	22.81
23312 - Fuel Distribution System Operator	19.38
23370 - General Maintenance Worker	21.17
23380 - Ground Support Equipment Mechanic	24.46
23381 - Ground Support Equipment Servicer	18.71
23382 - Ground Support Equipment Worker	19.90
23391 - Gunsmith I	16.63
23392 - Gunsmith II	19.33
23393 - Gunsmith III	21.62

23410 - Heating, Ventilation And Air-Conditioning Mechanic	22.21
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	
24.37	
23430 - Heavy Equipment Mechanic	21.46
23440 - Heavy Equipment Operator	21.46
23460 - Instrument Mechanic	21.62
23465 - Laboratory/Shelter Mechanic	20.52
23470 - Laborer	14.27
23510 - Locksmith	19.76
23530 - Machinery Maintenance Mechanic	21.77
23550 - Machinist, Maintenance	21.62
23580 - Maintenance Trades Helper	15.10
23591 - Metrology Technician I	21.62
23592 - Metrology Technician II	22.78
23593 - Metrology Technician III	23.89
23640 - Millwright	25.63
23710 - Office Appliance Repairer	21.63
23760 - Painter, Maintenance	20.52
23790 - Pipefitter, Maintenance	23.19
23810 - Plumber, Maintenance	20.99
23820 - Pneudraulic Systems Mechanic	21.62
23850 - Rigger	21.62
23870 - Scale Mechanic	19.33
23890 - Sheet-Metal Worker, Maintenance	21.62
23910 - Small Engine Mechanic	20.05
23931 - Telecommunications Mechanic I	27.74
23932 - Telecommunications Mechanic II	29.24
23950 - Telephone Lineman	26.38
23960 - Welder, Combination, Maintenance	21.62
23965 - Well Driller	21.62
23970 - Woodcraft Worker	21.62
23980 - Woodworker	16.63
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	11.63
24580 - Child Care Center Clerk	16.15
24610 - Chore Aide	10.00
24620 - Family Readiness And Support Services Coordinator	14.25
24630 - Homemaker	16.75
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	26.10
25040 - Sewage Plant Operator	20.23
25070 - Stationary Engineer	26.10
25190 - Ventilation Equipment Tender	18.37
25210 - Water Treatment Plant Operator	20.23
27000 - Protective Service Occupations	
27004 - Alarm Monitor	19.43
27007 - Baggage Inspector	12.66
27008 - Corrections Officer	21.30
27010 - Court Security Officer	23.26
27030 - Detection Dog Handler	19.43

27040 - Detention Officer	21.30
27070 - Firefighter	22.39
27101 - Guard I	12.66
27102 - Guard II	19.43
27131 - Police Officer I	24.58
27132 - Police Officer II	28.24
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	13.59
28042 - Carnival Equipment Repairer	14.63
28043 - Carnival Equipment Worker	9.24
28210 - Gate Attendant/Gate Tender	13.01
28310 - Lifeguard	11.59
28350 - Park Attendant (Aide)	14.56
28510 - Recreation Aide/Health Facility Attendant	10.62
28515 - Recreation Specialist	18.04
28630 - Sports Official	11.59
28690 - Swimming Pool Operator	18.21
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	22.60
29020 - Hatch Tender	22.60
29030 - Line Handler	22.60
29041 - Stevedore I	20.82
29042 - Stevedore II	23.68
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (2)	36.27
30011 - Air Traffic Control Specialist, Station (HFO) (2)	25.01
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)	27.54
30021 - Archeological Technician I	17.82
30022 - Archeological Technician II	19.87
30023 - Archeological Technician III	25.95
30030 - Cartographic Technician	25.95
30040 - Civil Engineering Technician	23.78
30061 - Drafter/CAD Operator I	18.72
30062 - Drafter/CAD Operator II	20.94
30063 - Drafter/CAD Operator III	24.60
30064 - Drafter/CAD Operator IV	30.26
30081 - Engineering Technician I	20.95
30082 - Engineering Technician II	23.53
30083 - Engineering Technician III	26.31
30084 - Engineering Technician IV	32.61
30085 - Engineering Technician V	39.88
30086 - Engineering Technician VI	48.25
30090 - Environmental Technician	23.50
30210 - Laboratory Technician	22.36
30240 - Mathematical Technician	28.94
30361 - Paralegal/Legal Assistant I	20.71
30362 - Paralegal/Legal Assistant II	25.69
30363 - Paralegal/Legal Assistant III	31.38
30364 - Paralegal/Legal Assistant IV	37.97
30390 - Photo-Optics Technician	27.33

30461 - Technical Writer I	21.27	
30462 - Technical Writer II	25.98	
30463 - Technical Writer III	31.44	
30491 - Unexploded Ordnance (UXO) Technician I		23.05
30492 - Unexploded Ordnance (UXO) Technician II		27.89
30493 - Unexploded Ordnance (UXO) Technician III		33.43
30494 - Unexploded (UXO) Safety Escort	23.05	
30495 - Unexploded (UXO) Sweep Personnel	23.05	
30620 - Weather Observer, Combined Upper Air Or Surface Programs (2)	24.35	
30621 - Weather Observer, Senior (2)	26.38	
31000 - Transportation/Mobile Equipment Operation Occupations		
31020 - Bus Aide	12.50	
31030 - Bus Driver	18.19	
31043 - Driver Courier	12.71	
31260 - Parking and Lot Attendant	9.53	
31290 - Shuttle Bus Driver	14.69	
31310 - Taxi Driver	13.98	
31361 - Truckdriver, Light	14.69	
31362 - Truckdriver, Medium	17.18	
31363 - Truckdriver, Heavy	18.42	
31364 - Truckdriver, Tractor-Trailer	18.42	
99000 - Miscellaneous Occupations		
99030 - Cashier	10.03	
99050 - Desk Clerk	11.11	
99095 - Embalmer	23.05	
99251 - Laboratory Animal Caretaker I	10.47	
99252 - Laboratory Animal Caretaker II	11.73	
99310 - Mortician	29.98	
99410 - Pest Controller	15.13	
99510 - Photofinishing Worker	11.59	
99710 - Recycling Laborer	16.51	
99711 - Recycling Specialist	20.27	
99730 - Refuse Collector	14.64	
99810 - Sales Clerk	11.87	
99820 - School Crossing Guard	12.51	
99830 - Survey Party Chief	21.61	
99831 - Surveying Aide	13.43	
99832 - Surveying Technician	20.54	
99840 - Vending Machine Attendant	13.68	
99841 - Vending Machine Repairer	17.76	
99842 - Vending Machine Repairer Helper	13.68	

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

- (1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;
- (2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;
- (3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or
- (4) A combination of the aforementioned duties, the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) **AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you

work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am.

If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do

not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor,

for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination.

Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

YOUR LETTERHEAD

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

_____ SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS.

_____ AGREES TO AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED, AND THAT EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO THEIR ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. THE AFFIRMATIVE ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (A) EMPLOYMENT, UPGRADING, OR TRANSFER; (B) RECRUITMENT OR RECRUITMENT ADVERTISING; (C) DEMOTION, LAYOFF, OR TERMINATION; (D) RATES OF PAY, OR OTHER FORMS OR COMPENSATION; AND (E) SELECTION FOR TRAINING AND APPRENTICESHIP.

_____ AGREES TO POST IN CONSPICUOUS PLACES THE PROVISIONS CONCERNING NON-DISCRIMINATION AND AFFIRMATIVE ACTION.

_____ SHALL STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT PURSUANT TO SUBSECTION 1103.2 THROUGH 1103.10 OF MAYOR'S ORDER 85-85; "EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS IN CONTRACTS."

_____ AGREES TO PERMIT ACCESS TO ALL BOOKS PERTAINING TO ITS EMPLOYMENT PRACTICES, AND TO REQUIRE EACH SUBCONTRACTOR TO PERMIT ACCESS TO BOOKS AND RECORDS.

_____ AGREES TO COMPLY WITH ALL GUIDELINES FOR EQUAL EMPLOYMENT OPPORTUNITY APPLICABLE IN THE DISTRICT OF COLUMBIA.

_____ SHALL INCLUDE IN EVERY SUBCONTRACT THE EQUAL OPPORTUNITY CLAUSES, SUBSECTION 1103.2 THROUGH 1103.10 SO THAT SUCH PROVISIONS SHALL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

AUTHORIZED OFFICIAL AND TITLE

DATE

AUTHORIZED SIGNATURE
NAME

FIRM/ORGANIZATION

YOUR LETTERHEAD

ASSURANCE OF COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS

MAYOR'S ORDER 85-85, EFFECTIVE JUNE 10, 1985, AND THE RULES IMPLEMENTING MAYORS ORDER 85-85, 33 DCR 4952, (PUBLISHED AUGUST 15, 1986), "ON COMPLIANCE WITH EQUAL OPPORTUNITY REQUIREMENTS IN DISTRICT GOVERNMENT CONTRACTS," ARE HEREBY INCLUDED AS PART OF THIS BID/PROPOSAL. THEREFORE, EACH BIDDER/OFFEROR SHALL INDICATE BELOW THEIR WRITTEN COMMITMENT TO ASSURE COMPLIANCE WITH MAYOR'S ORDER 85-85 AND THE IMPLEMENTING RULES. FAILURE TO COMPLY WITH THE SUBJECT MAYOR'S ORDER AND THE IMPLEMENTING RULES SHALL RESULT IN REJECTION OF THE RESPECTIVE BID/PROPOSAL.

I, _____, THE AUTHORIZED REPRESENTATIVE OF _____, HEREINAFTER REFERRED TO AS "THE CONTRACTOR," CERTIFY THT THE CONTRATOR IS FULLY AWARE OF ALL OF THE PROVISIONS OF MAYOR'S ORDER 85-85, EFFECTIVE JUNE 10, 1985, AND OF THE RULES IMPLEMENTING MAYOR'S ORDER 85-85, 33 DCR 4952. I FURTHER CERTIFY AND ASSURE THAT THE CONTRACTOR WILL FULLY COMPLY WITH ALL APPLICABLE PROVISIONS OF THE MAYOR'S ORDER AND IMPLEMENTING RULES IF AWARDED THE D.C. GOVERNMENT REFERENCED BY THE CONTRACT NUMBER ENTERED BELOW. FURTHER, THE CONTRACTOR ACKNOWLEDGES AND UNDERSTANDS THAT THE AWARD OF SAID CONTRACT AND ITS CONTINUATION ARE SPECIFICALLY CONDITIONED UPON THE CONTRACTOR'S COMPLIANCE WITH THE ABOVE-CITED ORDER AND RULES.

CONTRACTOR

NAME

SIGNATURE

TITLE

CONTRACT NUMBER

DATE

SECTION D – EMPLOYMENT DATA

Employment at this establishment – Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zero. *In columns 1, 2, and 3, include ALL employees in the establishment including those in minority groups*

JOB CATEGORIES	TOTAL EMPLOYEES IN ESTABLISHMENT			MINORITY GROUP EMPLOYEES								
	Total Employees Including Minorities (1)	Total Male Including Minorities (2)	Total Female Including Minorities (3)	MALE				FEMALE				
				Black (4)	Asian (5)	American Indian (6)	Hispanic (7)	Black (8)	Asian (9)	American Indian (10)	Hispanic (11)	
Officials and Managers												
Professionals												
Technicians												
Sales Workers												
Office and Clerical												
Craftsman (Skilled)												
Operative (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
TOTAL												
Total employ reported in previous report												

(The trainee below should also be included in the figures for the appropriate occupation categories above)

Formal On-The-Job Trainee	White collar	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Production											

- | | |
|--|--|
| 1. How was information as to race or ethnic group in Section D obtained? | 2. Dates of payroll period used |
| a. Visual Survey | c. Other Specify _____ |
| b. Employment Record | 3. Pay period of last report submitted for this establishment. _____ |

Section E – REMARKS Use this Item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units, and other pertinent information.

Section F - CERTIFICATION

- Check One
- All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)
 - This report is accurate and was prepared in accordance with the instructions.

Name of Authorized Official	Title	Signature	Date
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Name of person contact regarding This report (Type of print)	Address (Number and street)
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Title	City and State	Zip Code	Telephone Number	Extension
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INFORMATION CITED HEREIN SHALL BE HELD IN CONFIDENCE.

SOLICITATION NO: _____

PROJECTED GOALS AND TIMETABLES FOR FUTURE HIRING

MINORITY GROUP EMPLOYEES GOALS								TIMETABLES	
JOB CATEGORIES	MALE				FEMALE				
	BLACK	ASIAN	AMERICAN INDIAN	HISPANIC	BLACK	ASIAN	AMERICAN INDIAN	HISPANIC	
OFFICIALS & MANAGERS									
PROFESSIONALS									
TECHNICIANS									
SALES WORKERS									
OFFICE AND CLERICAL									
CRAFTSMANS (SKILLELD)									
OPERATIVE (SEMI-SKILLED)									
LABORERS (UNSKILLED)									
SERVICE WORKERS									
TOTALS									
NAME OF AUTHORIZED OFFICIAL:				TITLE:				SIGNATURE:	
FIRM NAME:						TELEPHONE NO:		DATE:	
INDICATE IF THE PRIME UTILIZES A <u>“MINORITY FINANCIAL INSTITUTION”</u> _____ Yes _____ No NAME: ADDRESS: TYPE OF ACCOUNT/S:									

District of Columbia Register
GOVERNMENT OF THE DISTRICT OF COLUMBIA

ADMINISTRATIVE ISSUANCE SYSTEM

SUBJECT: Compliance with Equal Opportunity Obligations in Contracts

ORIGINATING AGENCY: Office of the Mayor

By virtue of the authority vested in me as Mayor of the District of Columbia by Section 422 of the District of Columbia self-government and Government Reorganization Act of 1973 as amended, D.C. Code section 1-242 (1981-Ed.), it is hereby ORDERED that Commissioner's Order No. 73-51, dated February 28, 1973, is hereby rescinded and reissued in its entirety to read as follows:

1. Establishment of Policy: There is established a policy of the District of Columbia Government to:
 - (a) provide equal opportunity in employment for all persons with respect to any contract by and with the Government of the District of Columbia.
 - (b) prohibit discrimination in employment because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, or physical handicap;
 - (c) provide equal opportunity to all persons for participation in all District of Columbia Government contracts, including but not limited to lease agreements, Industrial Revenue Bond financing, and Urban Development Action grants;
 - (d) provide equal opportunity to minority business enterprises in the performance of District of Columbia Government contracts in accordance with Mayor's Orders, District of Columbia laws, and rules and regulations promulgated by the Minority Business Opportunity Commission; and
 - (e) promote the full realization of equal employment through affirmative, continuing programs by contractors and subcontractors in the performance of contracts with the District of Columbia Government.
2. Delegation of Authority: The Director of the Office of Human Rights (hereinafter "Director") is delegated the authority vested in the Mayor to implement the provisions of this order as set forth herein, and any rules, regulations, guidelines, and procedures adopted pursuant thereto.
3. Responsibilities: The Director of the Office of Human Rights shall be responsible for establishing and ensuring agency compliance with the policy set forth in this Order, any rules, regulations, and procedures that may be adopted by the Office of Human Rights pursuant to this Order, and any other equal opportunity provisions as may be added as a part of any contract.
4. Powers and Duties: The Director of the Office of Human Rights shall have the following powers and duties:
 - (a) to establish standards and procedures by which contractors and subcontractors who perform under District of Columbia Government contracts shall comply with the equal opportunity provisions of their contracts; to issue all orders, rules, regulations, guidelines, and procedures the Director may deem necessary and proper for carrying out and implementing the purposes of this Order;
 - (b) to assume equal opportunity compliance jurisdiction over any matter pending before a contracting agency where the Director considers it necessary or appropriate for the achievement of the purposes of

this Order, keep the contracting agency informed of all actions taken, and act through the contracting agency to the extent appropriate and practicable;

- (c) to examine the employment practices of any District of Columbia Government contractor or subcontractor, or initiate the examination by the appropriate contracting agency to determine whether or not the contractual provisions specified in any rules and regulations adopted pursuant to this Order have been violated, and notify the contracting agency of any action taken or recommended;
- (d) to monitor and evaluate all District of Columbia Government agencies, including those independent agencies and commissions not required to submit the Affirmative Action Programs of their contractors to the Office of Human Rights for approval, to ensure compliance with the equal opportunity obligations in contracts;
- (e) to use his or her best efforts to cause any labor union engaged in work under District of Columbia Government contracts, any referral, recruiting or training agency, or any other representative of workers who are or may be engaged in work under contracts and subcontracts to cooperate in and to comply with the implementation of the purposes of this Order;
- (f) to notify, when appropriate, the concerned contracting agencies, the Office of Federal Contract Compliance Programs, the U.S. Department of Justice, or other appropriate Federal, State, and District agencies, whenever the Director has reason to believe that practices of any contractor, labor organization, lending institution, insurance firm, or agency violate provisions of Federal, State, or District, laws;
- (g) to enter, where the determinations are made by Federal, State, or District agencies, into reciprocal agreements with those agencies to receive the appropriate information;
- (h) to hold hearings, public or private, as necessary to obtain compliance with any rules, regulations, and procedures promulgated pursuant to this Order, and to issue orders relating thereto. No order to terminate or cancel a contract, or to withhold from any contractor further District of Columbia Government contractors shall be issued without affording the contractor an opportunity for a hearing. Any order to terminate or cancel a contract or to withhold from any contractor further District of Columbia Government contracts shall be issued in accordance with rules, and regulations pursuant to the Administrative Procedure Act, as amended and;
- (i) to grant waivers from the minimum standards for the employment of minorities and women in Affirmative Action Programs in exceptional cases, as circumstances may warrant.

5. Duties of Contracting Agencies: Each contracting agency shall have the following duties:

- (a) the initial responsibility for ensuring that contractors and subcontractors are in compliance with any rules, regulations, and procedures promulgated pursuant to this Order;
- (b) to examine the employment practices of contractors and subcontractors in accordance with procedures established by the Office of Human Rights, and report any compliance action to the Director of the Office of Human Rights;
- (c) to comply with the terms of this Order and of the orders, rules, regulations, guidelines, and procedures of the Office of Human Rights issued pursuant thereto in discharging their responsibility for securing contract compliance; and
- (d) to secure compliance with any rules, regulations, and procedures promulgated pursuant to this Order before or after the execution of a contract by methods, of conference, conciliation and persuasion. No enforcement proceedings shall be initiated, nor shall a contract be cancelled or terminated in whole or in part, unless such methods have first been attempted.

6. Procedures: The procedures to be followed in implementing this Order shall be those set forth in

Orders, rules, regulations, and guidelines as may be promulgated by the Office of Human Rights.

7. Severability: If any section, subsection, sentence, clause, phrase, or portion of the provisions in this Order is for any reason declared by any court of competent jurisdiction to be invalid or unconstitutional, such section, subsection, sentence, clause, phrase, or portion shall be deemed a separate, distinct, and independent provision, and such holding shall not affect the validity of the remaining provisions of this order.
8. Effective Date: This Order shall become effective immediately.

Signed by Marion Barry, Jr.
Mayor

ATTEST: Signed by Clifton B. Smith
Secretary of the District of Columbia

OFFICE OF HUMAN RIGHTS

NOTICE OF FINAL RULEMAKING

The Director of the Office of Human Rights hereby gives notice of the adoption of the following final rules governing standards and procedures for equal employment opportunity applicable to contractors and subcontractors under District of Columbia Government Contracts. Notice of Proposed Rulemaking was published for public comment in the D.C. Register on April 11, 1986 at 33 DCR 2243. Based on some the comments received and upon further review by the Office of Human Rights, minor revisions were made in the rules at the following subsections: 1104.1, 1104.2, 1104.4, 1104.13, 1104.17(e) (5), 1104.28, 1107.1, 1199.1, and at page 15 the definition of minority was written out in addition to citing its D.C. Code. None of the revisions change the intent of the proposed final rules. Final action to adopt these final rules was taken on August 4, 1986, and will be effective upon publication of this notice in the Register.

CHAPTER 11 EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS IN CONTRACTS

1100. PURPOSE

1100.1 These rules shall govern standards and procedures to be followed by contractors and subcontractors performing under District of Columbia Government contracts for goods and services, including construction contracts, for the purpose of assuring equal employment opportunity for minorities and women.

1100.2 These rules establish requirements for contractors and subcontractors regarding their commitment to observe specific standards for the employment of minorities and women and to achieve affirmative action obligations under District of Columbia contracts. These rules are not intended nor shall be used to discriminate against any qualified applicant for employment or employee.

1101 SCOPE

1101.1 Except as hereinafter exempted, the provisions of this chapter shall apply to all District of Columbia Government contracts subject to Mayor's Order No. 85-85, and any rules, regulations, and procedures promulgated pursuant to that Mayor's Order.

1102 COVERAGE

1102.1 The provisions of this chapter shall govern the processing of any matter before the Office Human Rights involving the following:

- (a) Discrimination in employment on grounds of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, or physical handicap by any District of Columbia Government contractor; and
- (b) Achievement of affirmative action obligations under District of Columbia contracts.

1103 CONTRACT PROVISIONS

1103.1 Each contract for goods and services, including construction contracts, except construction subcontracts for standard commercial supplies or raw materials, shall include as express contractual provisions the language contained in subsections 1103.2 through 1103.10.

1103.2 The contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, or physical handicap.

- 1103.3 The contractor agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, or physical handicap. The affirmative action shall include, but not be limited to the following:
- (a) Employment, upgrading, or transfer;
 - (b) Recruitment or recruitment advertising;
 - (c) Demotion, layoff, or termination;
 - (d) Rates of pay, or other forms of compensation; and
 - (e) Selection for training and apprenticeship.
- 1103.4 The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Contracting Agency, setting forth the provisions in subsections 1103.2 and 1103.3 concerning non-discrimination and affirmative action.
- 1103.5 The contractor shall, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment pursuant to the non-discrimination requirements set forth in subsection 1103.2
- 1103.6 The contractor agrees to send to each labor union or representative of workers with which it has a collective bargaining agreement, or other contract or understanding, a notice to be provided by the Contracting Agency, advising each labor union or workers' representative of the contractor's commitments under this chapter, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- 1103.7 The contractor agrees to permit access to all books, records, and accounts, pertaining to its employment practices, by the Director and the Contracting Agency for purposes of investigation to ascertain compliance with this chapter, and to require under terms of any subcontractor agreement each subcontractor to permit access of such subcontractors, books, records, and accounts for such purposes.
- 1103.8 The contractor agrees to comply with the provisions of this chapter and with all guidelines for equal employment opportunity applicable in the District of Columbia adopted by the Director, or any authorized official.
- 1103.9 The prime contractor shall include in every subcontract the equal opportunity clauses, subsections 1103.2 through 1103.10 of this section, so that such provisions shall be binding upon each subcontractor or vendor.
- 1103.10 The prime contractor shall take such action with respect to any subcontractor as the Contracting Officer may direct as a means of enforcing these provisions, including sanctions for non-compliance; provided, however, that in the event the prime contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the prime contractor may request the District to enter into such litigation to protect the interest of the District.
- 1104 AFFIRMATIVE ACTION PROGRAM
- 1104.1 Each apparent low bidder for a construction contract shall complete and submit to the Contracting Agency, prior to the execution of any contract in the amount of twenty-five thousand dollars (\$25,000) or more, and each contractor covered under subsection 1105.1, an Affirmative Action Program to ensure equal opportunity which shall include specific standards for the utilization of minorities and women in the trades, crafts and skills to be used by the contractor in the performance of the contract.

- 1104.2 Each apparent low bidder or offeror for a non-construction contract shall complete and submit to the Contracting Agency, prior to the execution of any contract in the amount of ten thousand dollars (\$10,000) or more, and each contractor covered under subsection 1105.2, an Affirmative Action Program to ensure equal opportunity which shall include specific standards for the utilization of minorities in the job categories specified in subsection 1108.4.
- 1104.3 To ensure equal opportunity each Affirmative Action Program shall include the following commitments:
- (a) With respect to construction contracts, each contractor shall certify that it will comply with the provisions of this chapter, and submit a personnel utilization schedule for all the trades the contractor is to utilize, indicating the actual numbers of minority and female workers that are expected to be a part of the workforce performing under the contract; and
 - (b) With respect to non-construction contracts, each contractor shall certify that it will comply with the provisions of this chapter, and shall submit a personnel utilization schedule indicating by craft and skill, the minority composition of the workforce related to the performance of the work under the contract. The schedule shall include all workers located in the facility from which the goods and services are produced and shall include the same information for other facilities which have a significant relationship to the performance of work under the contract.
- 1104.4 If the experience of the contractor with any local union from which it will secure employees indicates that the union will not refer sufficient minorities or women to meet minority or female employment commitments, the contractor shall, not less than ten (10) days prior to the employment of any person on the project subject to the jurisdiction of that local union, do the following:
- (a) Notify the District of Columbia Department of Employment Services and at least two (2) minority and two (2) female referral organizations of the contractor's personnel needs, and request referral of minority and female workers; and
 - (b) Notify any minority and female workers who have been listed with the contractors as awaiting vacancies.
- 1104.5 If, within five (5) working days prior to commencement of work, the contractor determines that the Department of Employment Services or the minority or female referral organizations are unable to refer sufficient minorities or women to meet its commitments, the contractor may take steps to hire, by referral or otherwise, from the local union membership to fill the remaining job openings, provided that it notifies the local union of its personnel needs and of its employment commitments. Evidence of the notification shall be provided to the Contracting Agency.
- 1104.6 The contractor shall have standing requests for additional referrals of minority and female workers with the local union, the Department of Employment Services, and the other referral sources, until such time as the contractor has met its minority and female employment commitments.
- 1104.7 If the contractor desires to lay off some of its employees in a given trade on a construction site, it shall ensure that the required number of minority and female employees remain on the site to meet the minority and female commitments.
- 1104.8 No contractor shall refuse employment to any individual who has minimal facility to speak English except where the contractor can demonstrate that the facility to speak English is necessary for the performance of the job.

- 1104.9 No union with which the contractor has a collective bargaining agreement shall refuse to refer minority and female employees to such contractor.
- 1104.10 To the extent that contractors have delegated the responsibility for some of their employment practices to some other organization or agency which prevents them from meeting their equal opportunity obligations, those contractors shall not be considered to be in compliance with this chapter.
- 1104.11 The obligations of the contractor shall not be reduced, modified, or subject to any provision in any collective bargaining agreement with labor organization which provides that the labor organizations shall have the exclusive or primary opportunity to refer employees.
- 1104.12 When any contractor employs a minority person or woman in order to comply with this chapter, those persons shall be advised of their right to seek union membership, the contractor shall provide whatever assistance may be appropriate to enable that person to obtain membership, and the contractor shall notify the appropriate union of that person's employment.
- 1104.13 The contractor shall not discharge, refuse to employ, or otherwise adversely affect any minority person or woman because of any provision in any collective bargaining agreement, or any understanding, written or oral that the contractor may have with any labor organization.
- 1104.14 If at any time, because of lack of cooperation or overt conduct, a labor organization impedes or interferes with the contractor's Affirmative Action Program, the contractor shall notify the Contracting Agency and the Director immediately, setting forth the relevant circumstances.
- 1104.15 In any proceeding involving a disagreement between a labor organization and the contractor over the implementation of the contractor's Affirmative Action Program, the Contracting Agency and the Office of Human Rights may become a party to the proceeding.
- 1104.16 In determining whether or not a contractor is utilizing minorities and females pursuant to Section 1108, consideration shall be given to the following factors:
- (a) The proportion of minorities and women employed in the trades and as laborers in the construction industry within the District of Columbia;
 - (b) The proportion of minorities and women employed in the crafts or as operatives in non-construction industries within the District of Columbia;
 - (c) The number and ratio of unemployed minorities and women to total unemployment in the District of Columbia;
 - (d) The availability of qualified and qualifiable minorities and women for employment in any comparable line of work, including where they are now working and how they may be brought into the contractor's workforce;
 - (e) The effectiveness of existing training programs in the area, including the number who complete training, the length and extent of training, employer experience with trainees, and the need for additional or expanded training programs; and
 - (f) The number of additional workers that could be absorbed into each trade or line of work without displacing present employees, including consideration of present employee shortages, projected growth of the trade or line of work, and projected employee turnover.
- 1104.17 The contractor's commitment to specific standards for the utilization of minorities and females as required under this chapter shall include a commitment to make every good faith effort to meet

those standards. If the contractor has failed to meet the standards, a determination of “good faith” shall be based upon the contractor’s documented equal opportunity efforts to broaden its equal employment program which shall include, but may not necessarily be limited to, the following requirements:

- (a) The contractor shall notify the community organizations that the contractor has employment opportunities available and shall maintain records of the organizations’ responses;
- (b) The contractor shall maintain a file of the names and addresses of each minority and female worker referred to it and what action was taken with respect to each referred worker. If that worker was not sent to the union hiring hall for referral or if the worker was not employed by the contractor, the contractor’s file shall be documented and the reasons therefore;
- (c) The contractor shall notify the Contracting Agency and the Director when the union or unions with which the contractor has a collective bargaining agreement has not referred to the contractor a minority or female worker originally sent to the union by the contractor for union registration, or the contractor has other information that the union referral process has impeded the contractor’s efforts to meet its goals;
- (d) The contractor shall participate in training programs related to its personnel needs;
- (e) The contractor shall disseminate its EEO policy internally by doing the following:
 - (1) Including it in any organizational manual;
 - (2) Publicizing it in company newspapers, annual report, etc.;
 - (3) Conducting staff, employee, and union representatives meetings to explain and discuss the policy;
 - (4) Posting; and
 - (5) Reviewing the policy with minority and female employees.
- (f) The contractor shall disseminate its EEO policy externally by doing the following:
 - (1) Informing and discussing it with all recruitment sources;
 - (2) Advertising in news media, specifically including news media directed to minorities and women;
 - (3) Notifying and discussing it with all known minority and women’s organizations; and
 - (4) Notifying and discussing it with all subcontractors and suppliers.

1104.18 The contractor shall make specific recruitment efforts, both written and oral, directed at all minority and women’s training organizations within the contractor’s recruitment area.

1104.19 The contractor shall encourage present employees to assist in the recruitment of minorities and women for employment.

1104.20 The contractor shall validate all qualifications, selection requirements, and tests in accordance with the guidelines of the Equal Employment Opportunity Commission.

- 1104.21 The contractor shall make good faith efforts to provide after school, summer and vacation employment to minority youths and young women.
- 1104.22 The contractor shall develop on-the-job training opportunities, and participate and assist in any association or employer group training programs relevant to the contractor's employee needs.
- 1104.23 The contractor shall continually inventory and evaluate all minority and female personnel for promotion opportunities.
- 1104.24 The contractor shall make sure that seniority practices, job classifications, qualifications, etc. do not have a discriminatory effect on minorities and women.
- 1104.25 The contractor shall make certain that all facilities and company activities are nonsegregated.
- 1104.26 The contractor shall continually monitor all personnel activities to ensure that its EEO policy is being carried out.
- 1104.27 The contractor may utilize minority banking facilities as depositories for funds which may be involved, directly or indirectly, in the performance of the contract.
- 1104.28 The contractor shall employ minority and female workers without respect to union membership in sufficient numbers to meet the minority and female employment standards, if the experience of the contractor with any labor union from which it will secure employees does not indicate that it will refer sufficient minorities and females to meet its minority and female employment standards.
- 1104.29 The contractor shall ensure that all of its employees as well as those of its subcontractors are made knowledgeable about the contractor's equal opportunity policy.
- 1104.30 [Reserved]
- 1104.31 Each contractor shall include in all bid invitations or other pre-bid communications, written or otherwise, with respect to prospective subcontractors, the standards, as applicable, which are required under this chapter.
- 1104.32 Whenever a contractor subcontracts a portion of the work in any trade, craft or skill it shall include in the subcontract, its commitment made under this chapter, as applicable, which shall be adopted by its subcontractors who shall be bound thereby and by the regulations of this chapter to the full extent as if it were the prime contractor.
- 1104.33 The prime contractor shall give notice to the Director and the Contracting Agency of any refusal or failure of any subcontractor to fulfill its obligations under this chapter.
- 1104.34 Failure of compliance by any subcontractor shall be treated in the same manner as a failure by the prime contractor.
- 1105 EXEMPTIONS
- 1105.1 Prospective construction contractors shall be exempt from submitting Affirmative Action Programs for contracts amounting to less than twenty-five thousand dollars (\$25,000); provided, that when a construction contractor accumulates contracts amounting to twenty-five thousand dollars (\$25,000) or more within a period of twelve (12) months that contractor shall be required to submit an Affirmative Action Program for each contract executed thereafter.
- 1105.2 Prospective non-construction contractors shall be exempt from submitting Affirmative Action Programs for contracts amounting to less than ten thousand dollars (\$10,000); provided, that when

a non-construction contractor accumulates contracts amounting to ten thousand dollars (\$10,00) or more during a period of twelve (12) months that contractor shall be required to submit an Affirmative Action Program for each contract executed thereafter.

1106 NONRESPONSIBLE CONTRACTORS

1106.1 If a bidder or offeror fails either to submit a complete and satisfactory Affirmative Action Program or to submit a revised Affirmative Action Program that meets the approval of the Director, as required pursuant to this chapter, the Director may direct the Contracting Officer to declare the bidder or offeror to be nonresponsible and ineligible for award of the contract.

1106.2 Any untimely submission of an Affirmative Action Program may, upon order of the Director, be rejected by the Contracting Officer.

1106.3 In no case shall there be any negotiation over the provision of specific utilization standards submitted by the bidder or offeror after the opening of bids or receipt of offer and prior to award.

1106.4 If any directive or order relating to nonresponsibility is issued under this section, the Director shall afford the bidder or offeror a reasonable opportunity to be heard in opposition to such action in accordance with subsection 1118.1, or in support of a request for waiver under section 1109.

1107 NOTICE OF COMPLIANCE

1107.1 Each Contracting Agency shall include, or require the contract bidder or offeror to include, in the invitation for bids or other solicitation used for a D.C. Government-involved contract, a notice stating that to be eligible for consideration, each bidder or offeror shall be required to comply with the provisions of this chapter for the trades, crafts and skills to be used during the term of the performance of the contract whether or not the work is subcontracted.

1108 MINIMUM STANDARDS FOR MINORITY AND FEMALE EMPLOYMENT

1108.1 The minimum standards for the utilization of minorities in the District of Columbia Government construction contracts shall be forty-two percent (42%) in each trade for each project, and an aggregate workforce standard of six and nine-tenths percent (6.9%) for females in each project. Any changes in Federal standards pertaining to minority group and female employment in Federally-involved construction contracts shall be taken into consideration in any review of these requirements.

1108.2 The construction contractor's standards established in accordance with subsection 1108.1 shall express the contractor's commitment of the forty-two percent (42%) of minority personnel who will be working in each specified trade on each of the contractor's District of Columbia Government projects, and the aggregate standard of six and nine-tenths percent (6.9%) for the employment of females in each District of Columbia Government contract.

1108.3 The hours for minority and female workers shall be substantially uniform throughout the entire length of the construction contract for each trade used, to the effect that the same percentage of minority workers in the trades used shall be working throughout the length of work in each trade on each project, and the aggregate percentage in each project for females.

1108.4 The minimum standard for the utilization of minorities in non-construction contracts shall be twenty-five percent (25%) in each of the following nine (9) job categories:

- (a) Officials and managers;
- (b) Professionals;

- (c) Technicians;
- (d) Sales workers;
- (e) Office and clerical workers;
- (f) Craftpersons (Skilled);
- (g) Operative (Semi-skilled);
- (h) Laborers (Unskilled); and
- (i) Service workers.

1108.5 With respect to non-construction contracts the contractor's standards established in accordance with subsection 1108.4 shall express the contractor's commitment of the twenty-five percent (25%) of minority personnel who will be working in each specified craft or skill in each contract.

1109 WAIVERS

1109.1 The Director may grant a waiver to a prospective contractor from the requirement to submit a set of minimum standards for the employment of minorities and women in a particular contract, if before the execution of the contract and approval of the Affirmative Action Program, the contractor can document and otherwise prove it is unable to meet the standards in the performance of the contract.

1110 SOLICITATION OF CONTRACT

1110.1 Each solicitation for contract covered by section 1104 shall contain a statement that contractors shall comply with the minimum standards established pursuant to these rules for ensuring equal opportunity.

1110.2 The contract solicitation shall require that each bidder or offeror certify that it intends to meet the applicable minimum standards in section 1108 in order to be considered for the contract.

1111 PRIOR TO EXECUTION OF CONTRACT

1111.1 Upon being designated the apparent low bidder or offeror, that contractor shall submit a detailed Affirmative Action Program that sets forth the following:

- (1) The composition of its current total workforce; and
- (2) The composition of the workforce by race, color, national origin, and sex to be used in the performance of the contract and that of all known subcontractors that will be utilized to perform the contract.

1111.2 The apparent low bidder or offeror shall submit an Affirmative Action Program in accordance with section 1104 describing the actions it will take to ensure compliance with this chapter which shall be subject, prior to the execution of any contract, to the approval of the Director.

1111.3 If the Office of Human Rights does not act within ten (10) working days after the receipt of the Affirmative Action Program sent for approval, the Contracting Agency may proceed on its own determination to execute the contract.

- 1111.4 The apparent low bidder or offeror shall submit an Affirmative Action Program within a period of time to specified by each Contracting Agency, but which shall not exceed ten (10) working days after becoming the apparent contractor.
- 1111.5 The apparent low bidder or offeror shall furnish all information and reports to the Contracting Agency as required by this chapter, and shall permit access to all books or records pertaining to its employment practices or worksites.
- 1111.6 No contract subject to section 1104 shall be executed by the Contracting Agency, if the apparent low bidder or offeror does not submit an Affirmative Action Program, or if the Program has been disapproved in writing by the Director.
- 1111.7 If there is disagreement between the contractor and the Contracting Officer as to the adequacy of the Affirmative Action Program, the matter shall be referred to the Director for a decision.
- 1112 AFTER EXECUTION OF CONTRACT
- 1112.1 Each contractor shall maintain throughout the term of the contract the minimum standards for the employment of minorities and women, as set forth in the approved Affirmative Action Program.
- 1112.2 Each contractor shall require that each subcontractor, or vendor under the contract comply with the provision of the contract and the Affirmative Action Program.
- 1112.3 Each contractor shall furnish all information as required by this chapter, and permit access to all books and records pertaining to the contractor's employment practices and work sites by the Director and the Contracting Agency for purposes of investigation to ascertain compliance with this chapter.
- 1113 MONITORING AND EVALUATION
- 1113.1 The Director shall, from time to time, monitor and evaluate all District of Columbia Government agencies, including those independent agencies and commissions not required to submit the Affirmative Action Program of their contractors, to ensure compliance with the equal opportunity obligations in contracts, as provided for in this chapter.
- 1114 AFFIRMATIVE ACTION TRAINING PROGRAM
- 1114.1 Each contractor, in fulfilling its affirmative action responsibilities under a contract with the District of Columbia Government, shall be required to have, as part of its Affirmative Action Program, an existing training program for the purpose of training, upgrading, and promotion of minority and female employees or to utilize existing programs. Those programs shall include, but not be limited to, the following:
- (a) To be consistent with its personnel requirements, the contractor shall make full use of the applicable training programs, including apprenticeship, on-the job training, and skill refinement training for journeymen. Recruitment for the program shall be designed to provide for appropriate participation by minority group members and women;
 - (b) The contractor may utilize a company-operated skill refinement training program. This program shall be formal and shall be responsive to the work to be performed under the contract;
 - (c) The contractor may utilize formal private training institutions that have as their objective training and skill refinement appropriate to the classification of the workers employed. When training is provided by a private organization the following information shall be supplied:

- (1) The name of the organization;
- (2) The name, address, social security number, and classification of the initial employees and any subsequent employees chosen during the course of the contract; and
- (3) The identity of the trades, and crafts or skills involved in the training.

1114.2 If the contractor relies, in whole or in part, upon unions as a source of its workforce, the contractor shall use its best efforts, in cooperation with unions, to develop joint training programs aimed toward qualifying more minorities and females for membership in the union, and increasing the skills of minority and female employees so that they may qualify for higher paying employment.

1114.3 Approval of training programs by the Contracting Agency shall be predicated, among other things, upon the quality of training, numbers of trainees and trades, crafts or skills involved, and whether the training is responsive to the policies of the District of Columbia and the needs of the minority and female community. Minority and female applicants for apprenticeship or training should be selected in sufficient numbers as to ensure an acceptable level of participation sufficient to overcome the effects of past discrimination.

1115 COMPLIANCE REVIEW

1115.1 The Director and the Contracting Agency shall review the contractor's employment practices during the performance of the Contract. Routine or special reviews of contractors shall be conducted by the Contracting Agency or the Director in order to ascertain the extent to which the policy of Mayor's Order No. 85-85, and the requirements in this chapter are being implemented and to furnish information that may be useful to the Director and the Contracting Agency in carrying out their functions under this chapter.

1115.2 A routine compliance review shall consist of a general review of the practices of the contractor to ascertain compliance with the requirements of this chapter, and shall be considered a normal part of contract administration.

1115.3 A special compliance review shall consist of a comprehensive review of the employment practices of the contractor with respect to the requirements of this chapter, and shall be conducted when warranted.

1116 ENFORCEMENT

1116.1 If the contractor does not comply with the equal opportunity clauses in a particular contract, including subsections 1103.2 through 1103.10 of this chapter, that contract may be cancelled in whole or in part, and the contractor may be declared by the Director or the Contracting Officer to be ineligible for further District of Columbia Government Contracts subject to applicable laws and regulations governing debarment.

1116.2 If the contractor meets its goals or if the contractor can demonstrate that it has made every good faith effort to meet those goals, the contractor will be presumed to be in compliance with this chapter, and no formal sanction shall be instituted unless the Director otherwise determines that the contractor is not providing equal employment opportunity.

1116.3 When the Director proceeds with a formal hearing she or he has the burden of proving that the contractor has not met the requirements of this chapter, but the contractor's failure to meet its goals shall shift to it the requirement to come forward with evidence to show that it has met the good faith requirements of this chapter.

1117 COMPLAINTS

1117.1 The Director may initiate investigations of individual instances and patterns of discriminatory conduct, initiate complaints thereupon and keep the Contracting Agency informed of those actions.

1117.2 If the investigation indicates the existence of an apparent violation of the non-discrimination provisions of the contract required under section 1103 of this chapter the matter may be resolved by the methods of conference, conciliation, mediation, or persuasion.

1117.3 If an apparent violation of the non-discrimination provisions of the contract required under section 1103 of this chapter is not resolved by methods of conference, conciliation, mediation, or persuasion, the Director of the Contracting Officer may issue a notice requiring the contractor in question to show cause, within thirty (30) days, why enforcement proceedings or other appropriate action should not be initiated.

1117.4 Any employee of any District of Columbia Government contractor or applicant for employment who believes himself or herself to be aggrieved may, in person or by an authorized representative, file in writing, a complaint of alleged discrimination with the Director.

1118 HEARINGS

1118.1 In the event that a dispute arises between a bidder, offeror or prospective contractor and the Director or the Contracting Officer as to whether the proposed program of affirmative action for providing equal employment opportunity submitted by such bidder, offeror or prospective contractor complies with the requirements of this chapter and cannot be resolved by the methods of conference, conciliation, mediation, or persuasion, the bidder, offeror or prospective contractor in question shall be afforded the opportunity for a hearing before the Director.

1118.2 If a case in which an investigation by the Director or the Contracting Agency has shown the existence of an apparent violation of the non-discrimination provisions of the contract required under section 1103 is not resolved by the methods specified in subsection 1117.2, the Director may issue a notice requiring the contractor in question to show cause, within thirty (30) days, why enforcement proceedings or other appropriate action should not be initiated. The contractor in question shall also be afforded the opportunity for a hearing before the Director.

1118.3 The Director may hold a hearing on any complaint or violation under this chapter, and make determinations based on the facts brought before the hearing.

1118.4 Whenever the Director holds a hearing it is to be held pursuant to the Human Rights Act of 1977, a notice of thirty (30) working days for the hearing shall be given by registered mail, return receipt requested, to the contractor in question. The notice shall include the following:

- (a) A convenient time and place of hearing;
- (b) A statement of the provisions in this chapter or any other laws or regulations pursuant to which the hearing is to be held; and
- (c) A concise statement of the matters to be brought before the hearing.

1118.5 All hearings shall be open to the public and shall be conducted in accordance with rules, regulations, and procedures promulgated pursuant to the Human Rights Act of 1977.

1119 SANCTIONS

- 1119.1 The Director, upon finding that a contractor has failed to comply with the non-discrimination provisions of the contract required under section 1103, or has failed to make a good faith effort to achieve the utilization standards under an approved Affirmative Action Program, may impose sanctions contained in this section in addition to any sanction or remedies as may be imposed or invoked under the Human Rights Act of 1977.
- 1119.2 Sanctions imposed by the Director may include the following:
- (a) Order that the contractor be declared ineligible from consideration for award of District of Columbia Government contracts or subcontracts until such time as the Director may be satisfied that the contractor has established and will maintain equal opportunity policies in compliance with this chapter; and
 - (b) Direct each Contracting Officer administering any existing contract to cancel, terminate, or suspend the contract or any portion thereof, and to deny any extension, modification, or change, unless the contractor provides a program of future compliance satisfactory to the Director.
- 1119.3 Any sanction imposed under this chapter may be rescinded or modified upon reconsideration by the Director.
- 1119.4 An appeal of any sanction imposed by order of the Director under this chapter may be taken pursuant to applicable clauses of the affected contract or provisions of law and regulations governing District of Columbia Government contracts.
- 1120 NOTIFICATIONS
- 1120.1 The Director shall forward in writing notice of his or her findings of any violations of this chapter to the Contracting Officer for appropriate action under the contract.
- 1120.2 Whenever it appears that the holder of or an applicant for a permit, license or franchise issued by any agency or authority of the Government of the District of Columbia is a person determined to be in violation of this chapter the Director may, at any time he or she deems that action the Director may take or may have taken under the authority of this chapter, refer to the proper licensing agency or authority the facts and identities of all persons involved in the violation for such action as the agency or authority, in its judgement, considers appropriate based upon the facts thus disclosed to it.
- 1120.3 The Director may publish, or cause to be published, the names of contractors or unions which have been determined to have complied or have failed to comply with the provisions of the rules in this chapter.
- 1121 DISTRICT ASSISTED PROGRAMS
- 1121.1 Each agency which administers a program involving leasing of District of Columbia Government owned or controlled real property, or the financing of construction under industrial revenue bonds or urban development action grants, shall require as a condition for the approval of any agreement for leasing, bond issuance, or development action grant, that the applicant undertake and agree to incorporate, or cause to be incorporated into all construction contracts relating to or assisted by such agreements, the contract provisions prescribed for District of Columbia Government contracts by section 1103, preserving in substance the contractor's obligation under those provision.
- 1199 DEFINITIONS

1199.1

The following words and phrases set forth in this section, when used in this chapter, shall have the following meanings ascribed:

Contract – any binding legal relationship between the District of Columbia and a contractor for supplies or services, including but not limited to any District of Columbia Government or District of Columbia Government assisted construction or project, lease agreements, Industrial Revenue Bond financing, and Urban Development Action grant, or for the lease of District of Columbia property in which the parties, respectively, do not stand in the relationship of employer and employee.

Contracting Agency – any department, agency, or establishment of the District of Columbia which is authorized to enter into contracts.

Contracting Officer – any official of a contracting agency who is vested with the authority to execute contracts on behalf of said agency.

Contractor – any prime contractor holding a contract with the District of Columbia Government. The term shall also refer to subcontractors when the context so indicates.

Director – the Director of the Office of Human Rights, or his or her designee.

Dispute – any protest received from a bidder or prospective contractor relating to the effectiveness of his or her proposed program of affirmative action for providing equal opportunity.

Minority – Black Americans, Native Americans, Asian Americans, Pacific Islander Americans, and Hispanic Americans. In accordance with D.C. Code, Section 1-1142(1) (Supp. 1985).

Subcontract – any agreement made or executed by a prime contractor or a subcontractor where a material part of the supplies or services, including construction, covered by an agreement is being obtained for us in the performance of a contract subject to Mayor's Order No. 85-85, and any rules, regulations, and procedures issued pursuant thereto.

Subcontractor – any contractor holding a contract with a District prime contractor calling for supplies or services, including construction, required for the performance of a contract subject to Mayor's Order No. 85-85, and any rules, regulations, and procedures promulgated pursuant thereto.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date: _____

Name of Organization/Entity: _____

Address: _____

Business Telephone No.: _____

Principal Officer:

Name: _____ Title: _____

Soc. Sec. No.: _____

Federal Identification No.: _____

Contract No.: _____

Unemployment Insurance Account No.: _____

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

	Current	Not Current	Not Applicable
District: Sales and Use	()	()	()
Employer Withholding	()	()	()
Ball Park Fee	()	()	()
Corporation Franchise	()	()	()
Unincorporated Franchise	()	()	()
Personal Property	()	()	()
Real Property	()	()	()
Individual Income	()	()	()

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

This affidavit must be notarized and becomes void if not submitted within 90 days of the date notarized.

Signature of Authorizing Agent

Title

Print Name

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this _____ day of _____ Month and Year

Notary Public: _____

My Commission Expires: _____

FIRST SOURCE EMPLOYMENT AGREEMENT

Contract Number: _____

Contract Amount: \$ _____

Project Name: _____

Project Address: _____ Ward: _____

Nonprofit Organization with 50 Employees or Less: (Yes) ____ (No) ____

This First Source Employment Agreement, in accordance with D. C. Law 14-24, D.C. Law 5-93, and Mayor's Order 83-265 for recruitment, referral, and placement of District of Columbia residents, is between the District of Columbia Department of Employment Services, hereinafter referred to as DOES, and _____ hereinafter, referred to as EMPLOYER. Under this Employment Agreement, the EMPLOYER will use DOES as its first source for recruitment, referral, and placement of new hires or employees for the new jobs created by this project and will hire 51% District of Columbia residents for all new jobs created, as well, as 51% of apprentices employed in connection with the project shall be District residents registered in programs approved by the District of Columbia Apprenticeship Council.

I. GENERAL TERMS

- A. The EMPLOYER will use DOES as its first source for the recruitment, referral and placement of employees.
- B. The EMPLOYER shall require all contractors and subcontractors, with contracts totaling \$100,000 or more, to enter into a First Source Employment Agreement with DOES.
- C. DOES will provide recruitment, referral and placement services to the EMPLOYER subject to the limitations set out in this Agreement.
- D. DOES participation in this Agreement will be carried out by the Office of the Director, with the Office of Employer Services, which is responsible for referral and placement of employees, or such other offices or divisions designated by DOES.

- E. This Agreement shall take effect when signed by the parties below and shall be fully effective for the duration of the contract and any extensions or modifications to the contract.
- F. This Agreement shall not be construed as an approval of the EMPLOYER'S bid package, bond application, lease agreement, zoning application, loan, or contract/subcontract.
- G. DOES and the EMPLOYER agree that for purposes of this Agreement, new hires and jobs created (both union and nonunion) include all EMPLOYER'S job openings and vacancies in the Washington Standard Metropolitan Statistical Area created as a result of internal promotions, terminations, and expansions of the EMPLOYER'S workforce, as a result of this project, including loans, lease agreements, zoning applications, bonds, bids, and contracts.
- H. For purposes of this Agreement, apprentices as defined in D.C. Law 2-156, as amended, are included.
- I. The EMPLOYER shall register an apprenticeship program with the D.C. Apprenticeship Council for construction or renovation contracts or subcontracts totaling \$500,000 or more. This includes any construction or renovation contract or subcontract signed as the result of, but is not limited to, a loan, bond, grant, Exclusive Right Agreement, street or alley closing, or a leasing agreement of real property for one (1) year or more.
- J. All contractors who contract with the Government of the District of Columbia to perform information technology work with a single contract or cumulative contracts of at least \$500,000, let within any twelve (12) month period shall be required to register an apprenticeship program with the District of Columbia Apprenticeship Council.
- K. The term "information technology work" shall include, but is not limited to, the occupations of computer programmer, programmer analyst, desktop specialist, technical support specialist, database specialist, network support specialist, and any other related occupations as the District of Columbia Apprenticeship Council may designate by regulation.

II. RECRUITMENT

- A. The EMPLOYER will complete the attached Employment Plan, which will indicate the number of new jobs projected, salary range, hiring dates, and union requirements. The EMPLOYER will notify DOES of its specific need for new employees as soon as that need is identified.

- B. Notification of specific needs, as set forth in Section II.A. must be given to DOES at least five (5) business days (Monday - Friday) before using any other referral source, and shall include, at a minimum, the number of employees needed by job title, qualification, hiring date, rate of pay, hours of work, duration of employment, and work to be performed.
- C. Job openings to be filled by internal promotion from the EMPLOYER'S current workforce need not be referred to DOES for placement and referral.
- D. The EMPLOYER will submit to DOES, prior to starting work on the project, the names, and social security numbers of all current employees, including apprentices, trainees, and laid-off workers who will be employed on the project.

III. REFERRAL

DOES will screen and refer applicants according to the qualifications supplied by the EMPLOYER.

IV. PLACEMENT

- A. DOES will notify the EMPLOYER, prior to the anticipated hiring dates, of the number of applicants DOES will refer. DOES will make every reasonable effort to refer at least two qualified applicants for each job opening.
- B. The EMPLOYER will make all decisions on hiring new employees but will in good faith use reasonable efforts to select its new hires or employees from among the qualified persons referred by DOES.
- C. In the event DOES is unable to refer the qualified personnel requested, within five (5) business days (Monday - Friday) from the date of notification, the EMPLOYER will be free to directly fill remaining positions for which no qualified applicants have been referred. Notwithstanding, the EMPLOYER will still be required to hire 51% District residents for the new jobs created by the project.
- D. After the EMPLOYER has selected its employees, DOES will not be responsible for the employees' actions and the EMPLOYER hereby releases DOES, and the Government of the District of Columbia, the District of Columbia Municipal Corporation, and the officers and employees of the District of Columbia from any liability for employees' actions.

V. TRAINING

DOES and the EMPLOYER may agree to develop skills training and on-the-job training programs; the training specifications and cost for such training will be mutually agreed upon by the EMPLOYER and DOES and set forth in a separate Training Agreement.

VI. CONTROLLING REGULATIONS AND LAWS

- A. To the extent this Agreement is in conflict with any labor laws or governmental regulations, the laws or regulations shall prevail.
- B. DOES will make every effort to work within the terms of all collective bargaining agreements to which the EMPLOYER is a party.
- C. The EMPLOYER will provide DOES with written documentation that the EMPLOYER has provided the representative of any involved collective bargaining unit with a copy of this Agreement and has requested comments or objections. If the representative has any comments or objections, the EMPLOYER will promptly provide them to DOES.

VII. EXEMPTIONS

- A. Contracts, subcontracts or other forms of government-assistance less than \$100,000.
- B. Employment openings the contractor will fill with individuals already employed by the company.
- C. Job openings to be filled by laid-off workers according to formally established recall procedures and rosters.
- D. Suppliers located outside of the Washington Standard Metropolitan Statistical Area and who will perform no work in the Washington Standard Metropolitan Statistical Area.

VIII. AGREEMENT MODIFICATIONS, RENEWAL, MONITORING, AND PENALTIES

- A. If, during the term of this Agreement, the EMPLOYER should transfer possession of all or a portion of its business concerns affected by this Agreement to any other party by lease, sale, assignment, merger, or otherwise, the EMPLOYER as a condition of transfer shall:
 - 1. Notify the party taking possession of the existence of the EMPLOYER'S Agreement.
 - 2. Notify the party taking possession that full compliance with this Agreement is required in order to avoid termination of the project.

3. EMPLOYER shall, additionally, advise DOES within seven (7) business/calendar days of the transfer. This advice will include the name of the party taking possession and the name and telephone of that party's representative.
- B. DOES shall monitor EMPLOYER'S performance under this Agreement. The EMPLOYER will cooperate in DOES' monitoring effort and will submit a Contract Compliance Form to DOES monthly.
 - C. To assist DOES in the conduct of the monitoring review, the EMPLOYER will make available payroll and employment records for the review period indicated.
 - D. If additional information is needed during the review, the EMPLOYER will provide the requested information to DOES.
 - E. With the submission of the final request for payment from the District, the EMPLOYER shall:
 1. Document in a report to the Contracting Officer its compliance with the requirement that 51% of the new employees hired by the project be District residents; or
 2. Submit a request to the Contracting Officer for a waiver of compliance with the requirement that 51% of the new employees hired by the project be District residents and include the following documentations:
 - a. Material supporting a good faith effort to comply;
 - b. Referrals provided by DOES and other referral sources; and
 - c. Advertisement of job openings listed with DOES and other referral sources.
 - F. The Contracting Officer may waive the requirement that 51% of the new employees hired by the project be District residents, if the Contracting Officer finds that:
 1. A good faith effort to comply is demonstrated by the contractor;
 2. The EMPLOYER is located outside the Washington Standard Metropolitan Statistical Area and none of the contract work is performed inside the Washington Standard Metropolitan Statistical Area;

The Washington Standard Metropolitan Statistical Area includes the District of Columbia, the Virginia Cities of Alexandria, Falls Church, Manassas, Manassas Park, Fairfax, and Fredericksburg; the Virginia Counties of Fairfax, Arlington, Prince William, Loudoun, Stafford, Clarke, Warren, Fauquier, Culpeper, Spotsylvania, and King George; the Maryland Counties of Montgomery, Prince Georges, Charles, Frederick, and Calvert; and the West Virginia Counties of Berkeley and Jefferson.

- 3. The EMPLOYER enters into a special workforce development training or placement arrangement with DOES; or
- 4. DOES certifies that insufficient numbers of District residents in the labor market possess the skills required by the positions created as a result of the contract.

G. Willful breach of the First Source Employment Agreement by the EMPLOYER, or failure to submit the Contract Compliance Report, or deliberate submission of falsified data, may be enforced by the Contracting Officer through imposition of penalties, including monetary fines of 5% of the total amount of the direct and indirect labor costs of the contract.

H Nonprofit organizations with 50 or less employees are exempted from the requirement that 51% of the new employees hired on the project be District residents.

I. The EMPLOYER and DOES, or such other agent as DOES may designate, may mutually agree to modify this Agreement.

J. The project may be terminated because of the EMPLOYER'S non-compliance with the provisions of this Agreement.

IX. Is your firm a certified Local, Small, Disadvantaged Business Enterprise (LSDBE)?
 YES NO
 If yes, certification number: _____

X. Do you have a registered Apprenticeship program with the D.C. Apprenticeship Council?
 YES NO
 If yes, D.C. Apprenticeship Council Registration Number: _____

XI. Indicate whether your firm is a subcontractor on this project: YES NO
 If yes, name of prime contractor: _____

Dated this _____ day of _____ 20_____

 Signature Dept. of Employment Services

 Signature of Employer

 Name of Company

 Address

 Telephone

 E-mail

EMPLOYMENT PLAN

NAME OF FIRM _____

ADDRESS _____

TELEPHONE NUMBER _____ FEDERAL IDENTIFICATION NO. _____

CONTACT PERSON _____ TITLE _____

E-mail: _____ TYPE OF BUSINESS: _____

ORIGINATING DISTRICT AGENCY Office of Contracting and Procurement/DOHCONTRACTING OFFICER: Jim Marshall TELEPHONE NUMBER: 2027244197

TYPE OF PROJECT _____ FUNDING AMOUNT \$ _____

PROJECTED START DATE TBD PROJECT DURATION one year (with four (4) one (1) year options

NEW JOB CREATION PROJECTIONS (Attach additional sheets, as needed.) Please indicate the new position(s) your firm will create as a result of this project.

	JOB TITLE	# OF JOBS F/T P/T	SALARY RANGE	UNION MEMBERSHIP REQUIRED NAME LOCAL#	PROJECTED HIRE DATE
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					

DRUG-FREE WORKPLACE CERTIFICATION

1. CERTIFICATION REGARDING A DRUG-FREE WORKPLACE (JULY 1990):

1.1 Definitions. As used in this provision:

1.1.1 Controlled substance: means a controlled substance in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined in regulation at 21 CFR 1308.11 - 1308.15.

1.1.2 Conviction: means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

1.1.3 Criminal drug statute: means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance.

1.1.4 Drug-free workplace: means the site(s) for the performance of work done by the Contractor in connection with a specific contract at which employees of the Contractor are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance.

1.1.5 Employee: means an employee of a Contractor directly engaged in the performance of work under a Government contract. “Directly engaged” is defined to include all direct cost employees and any other Contractor employee who has other than a minimal impact or involvement in contract performance.

1.1.6 Individual: means an Offeror/Contractor that has no more than one employee including the Offeror/Contractor.

1.2 By submission of its offer, the Offeror, if other than an individual, who is making an offer that equals or exceeds \$25,000, certifies and agrees, that with respect to all employees of the Offeror to be employed under a contract resulting from this solicitation, it will - no later than 30 calendar days after contract award (unless a longer period is agreed to in writing), for contracts of 30 calendar days or more performance duration: or as soon as possible for contracts of less than 30 calendar days performance duration, but in any case, by a date prior to when performance is expected to be completed:

- 1.2.1** Publish a statement notifying such employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
- 1.2.2** Establish an ongoing drug-free awareness program to inform such employees about the following:
- (i) The dangers of drug abuse in the workplace;
 - (ii) The Contractor's policy of maintaining a drug-free workplace;
 - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- 1.2.3** Provide all employees engaged in performance of the contract with a copy of the statement required by subparagraph 1.2.1 of this provision;
- 1.2.4** Notify such employees in writing in the statement required by subparagraph 1.2.1 of this provision that, as a condition of continued employment on the contract resulting from this solicitation, the employee will:
- (i) Abide by the terms of the statement; and
 - (ii) Notify the employer in writing of the employee's conviction under a criminal drug statute for a violation occurring in the workplace no later than 5 calendar days after such conviction;
- 1.2.5** Notify the Contracting Officer in writing within 10 calendar days after receiving notice under subdivision 1.2.4 (ii) of this provision, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee; and

1.2.6 Within 30 calendar days after receiving notice under subdivision 1.2.4 (ii) of this provision of a conviction, takes one of the following actions with respect to any employee who is convicted of a drug abuse violation occurring in the workplace:

- (i) Take appropriate personnel action against such employee, up to and including termination; or
- (ii) Require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

1.2.7 Make a good faith effort to maintain a drug-free workplace through implementation of subparagraphs 1.2.1 through 1.2.6 of this provision.

1.3 By submission of its offer, the Offeror, if an individual who is making an offer of any dollar value, certifies and agrees that the Offeror will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the performance of the contract resulting from this solicitation.

1.4 Failure of the Offeror to provide the certification required by paragraphs 1.2 through 1.3 of this provision, renders the Offeror unqualified and ineligible for award.

1.5 In addition to other remedies available to the Government, the certification in paragraphs 1.2 through 1.3 of this provision concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

1.6 CERTIFICATION REGARDING A DRUG-FREE WORKPLACE

Provider/Contractor

Authorized Contractor Personnel (Print Name)

Title

Signature of Authorized Contractor Personnel

Date



COST / PRICE DISCLOSURE CERTIFICATION

RFP Number: _____ Closing Date: _____

Caption: _____ Total Proposed Amount: _____

The undersigned _____

(please print name and title of offeror's authorized signatory) hereby certifies that, to the best of my knowledge, the cost and pricing data (i.e. at the time of price agreement this certification represents that all material facts of which prudent buyers and sellers would reasonably expect to affect price negotiations in any significant manner) submitted was accurate, complete, and current as of _____

(date of RFP closing or conclusion of negotiations as appropriate) .
The undersigned further agrees that it is under a continuing duty to update cost or pricing data through the date that negotiations, if any, with the District are completed. The undersigned further agrees that the price, including profit or fee, will be adjusted to exclude any significant price increases occurring because the cost or pricing data was inaccurate, incomplete or not current. (See D.C. Procurement Regulations, 27 DCMR, Section 1624; and Section 25 of the Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, November, 2004, as amended).

Signed: _____ Date: _____

Title:	_____
Company:	_____
Address:	_____ _____
DUNS #:	_____
Phone:	_____
Fax:	_____

COST/PRICE DATA REQUIREMENTS

1. GENERAL INFORMATION:

- 1.1 Offerors submitting cost/price proposals, in response to a District Request For Proposal (RFP), sole source procurement, change order, or contract modification exceeding \$100,000 in total value, must include a complete cost and pricing data breakdown (i.e., data that is verifiable and factual) for all costs identified in the proposal, and relevant to the performance of the contract. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the Offeror has been submitted, either actually, or by specific identification, to the District. If not available at the time of submission, as later information comes into the Offeror's possession, it should be promptly submitted to the District in a manner that clearly demonstrates its relationship to, and effect on, the Offeror's cost/price proposal. This requirement continues up to the date of final agreement on price and/or other issues, as agreed upon between the parties.

(3)0. " There is a clear distinction between submitting cost or pricing data and merely making available books, records and other documents without identification or context. By submitting a cost/price proposal, the Offeror, if selected for negotiation, grants the Contracting Officer, or an authorized representative, the right to examine, at any time before award, those books, records, documents, and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as a basis for pricing, that will permit an adequate evaluation of the proposed cost/price.

1.3 The cost/price proposal will represent the offeror's understanding of the RFP's requirements and the offeror's ability to organize and perform those requirements effectively and efficiently. The evaluation of the Offeror's cost/price proposal will be based on an analysis of the realism and completeness of the cost data, the conformity of the cost to the offeror's technical data and the proposed allocation of labor-hours and skill sets. Pertinent cost information, including but not limited to Defense Contract Auditing Agency (DCAA) and/or the Department of Labor (DOL) recommended rates for direct labor, overhead, general and administrative expense (G&A), etc., as necessary and appropriate, must be used to arrive at the most probable cost to be incurred by the Offeror. If the District considers the proposed costs to be unrealistic, the Offeror should adjust its proposed costs accordingly. Any inconsistency, whether real or apparent, between promised performance and cost or price should be explained in the cost/price proposal. The burden of proof for cost credibility rests with the Offeror.

1.4 The Offeror must submit its cost/price proposal in hard copy as well as on a diskette, which is in a format (i.e. MS Office, Lotus 1-2-3, etc.) specified and/or provided by the Agency Contracting Officer in the solicitation package. All cost/price proposals should provide a cost summary by all cost elements, cross-referenced to supporting documentation. See Table No. (1.4).

1.5 The following information shall be included in this section, for the prime contractor and each proposed subcontractor:

- (a) A properly completed "Cost/Price Disclosure Certification."
- (a) Identification of any estimates, along with the rationale and methodology used to develop them, including judgmental factors used in projecting future costs, based on known data, and the timing, nature and extent of any material contingencies.
- I Disclosure of any other activities or likely events which could materially impact specific costs (i.e., existing large material and supply inventories, management/ownership changes, new technologies, collective bargaining agreements, etc.)

(d) Disclosure of any and all awarded and pending contracts with the District of Columbia, including contract number(s), amount, type (fixed price, cost reimbursement, etc.), agency, and a brief description of services.

(3) Source of approval and the latest date of approval of the offeror's Accounting system.

**Table (1.4)
Example Cost Summary Format**

Cost Item	Task 1			Task 2			Task 3			Task 4, etc.			Base Year Total
	R	H	D	R	H	D	R	H	D	R	H	D	
Direct Labor Categories													
♦ Employee A													
♦ Employee B													
♦ Employee C													
Total Labor Hours													
Total Labor Dollars													
Fringe Benefit													
Labor Overhead *													
Total Direct Labor													
Other Direct Costs													
♦ Equip. & Supplies													
♦ Materials													
♦ Travel													
♦ Other													
Subcontractors													
♦ Sub A													
♦ Sub B													
ODC Overhead *													
Total ODC & Subcontractors													
G&A													
Fee/Profit													
Total Price													

H = Hours R = Rate D = Dollars (Rate X Hours = Dollars)

Note: Provide cost information similar to the above format for each option/out-year

* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.

2. SUPPORTING COST DATA:

- 2.1 The Offeror shall provide, for each cost element, a narrative description, in sufficient detail, to demonstrate price reasonableness, credibility and reliability. The Offeror shall provide its assumptions and methodologies used to estimate each cost element (significant item and quantity estimates, labor hour expenditure patterns and mix, etc.). The following information shall be included in this section:
- 2.1.1. The Offeror's total estimated costs plus its fee (if applicable) for providing all of the requirements of the RFP, as proposed in their technical proposal. Offerors should support their best estimates of all costs (direct, indirect, profit, etc.) to be incurred in the performance of the contract.
 - 2.1.2. When proposing multiyear/option year pricing, the estimated proposed costs shall include a breakdown of all cost elements for the base year as well as each option/out-year. Labor, other direct costs, indirect costs and profit shall each be clearly identifiable. If different from the Defense Contract Auditing Agency (DCAA) or Department Of Labor (DOL) recommended rates, the Offeror shall provide a thorough explanation for the variation(s) of rates.
 - 2.1.3. The Cost Summary Format (Table 1.4) provides a format for the Offeror to submit to the District a pricing proposal of estimated cost by line item, along with supporting documentation that is adequately cross-referenced and suitable for cost realism analysis. A cost-element breakdown shall be attached for each proposed line item and must reflect any other specific requirements established by the Contracting Officer. When more than one contract line item is proposed, a summary of the total amount covering all line items must be furnished for each cost element.
 - 2.1.4. If the Offeror has an agreement with a federal, state, or municipal government agency on the use of a Forward Pricing Rates Agreement (FPRA) or other rate agreement for labor, fringe benefits, overhead and/or general and administrative expense, the Offeror must identify the agreement, provide a copy and describe its nature, terms and duration.

3. SPECIFIC COST ELEMENTS:

A well-supported cost/price proposal reduces the effort needed for review and facilitates informed negotiations. The following are the minimum criteria that constitute an acceptable cost/price proposal:

- 3.1 **Direct labor:** A task-phased annual breakdown of labor rates and labor hours by category or skill level, including the basis for the rates and hours estimated (i.e., payroll registers, wage determinations, collective bargaining agreements, historical experience, engineering estimates, etc.).
 - 3.1.1 The Offeror shall use the following Table No. (3.1.1) to exhibit its total labor hours by prime contractor and subcontractor(s). A separate table should be completed for each year (base and out-years).

Table (3.1.1)
Annual Labor Summary

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> • Employee A • Employee B • Employee C 					
<u>Labor Category, Sub.</u> <ul style="list-style-type: none"> • Employee D • Employee E • Employee F 					
<u>Labor Category, Consultant</u> <ul style="list-style-type: none"> • Employee G • Employee H 					
Total Labor Hours by Task					

Note: Do not include wage rates in this table

- 3.1.2 A standard of 40 hours/week, 1,920 hours/year is recommended. If another standard is used, it should be precisely defined. Any deviation from the above labor-hour projection without substantiation may form the basis to reject the response to the RFP. The proposed labor-hours shall include prime contractor, subcontractor and consultant hours.
- 3.1.3 The Offeror shall also submit Table No. (3.1.4.b), depicting the labor mix percentages as proposed for the base year as well as the out-years and should match the personnel experience requirements specified in the RFP, Section **(to be referenced by the Contract Specialist)**, under Personnel Experience. All of the RFP Key positions must be included within the Senior Staff categories. To provide a better understanding of this format, Table No. (3.1.4.a) is provided as an example.
- 3.1.4 The Offeror shall describe how the hourly direct labor rate was derived and indicate whether these rates are subject to any collective bargaining agreement(s), the Service Contract Act (SCA), Davis-Bacon, or any other special agreement which controls the labor rate indicated. When proposing price escalation for option/out-years, the Offerors must follow instructions provided under Economic Price Adjustments, Section H, of this RFP.

Table (3.1.4.a)

Summary of Proposed Annual labor Mix Category (with examples)

NAME (Note 1)	LABOR MIX (Note 2)	OFFEROR'S LABOR CATEGORY (Note 3)	PERCENT OF TIME ON CONTRACT (Note 4)	PLANNED SOW ASSIGNMENT (Note 5)	STATUS (Note 6)
Able, Jackson	Sr. Staff Level 1	Program Director	PT/10%	N/A	PCE/E
Black, William E.	Sr. Staff Level 1	Psychiatrist	PT/20%	C.3	PCE/E
White, Pamela A.	Sr. Staff Level 2	Clinic Manager	PT/50%	C.4.1	PCE/P
Green, Robert T	Sr. Staff Level 3	Counseling Supvs.	PT/50%	C.4.2	PCE/P
Ross, Allen	Jr. Staff Level 1	Counselor	FT/100%	C.4.3	PCE/E

Note 1: Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

Table (3.1.4.b)

Summary of Proposed Annual labor Mix Category

NAME (Note 1)	LABOR MIX (Note 2)	OFFEROR'S LABOR CATEGORY (Note 3)	PERCENT OF TIME ON CONTRACT (Note 4)	PLANNED SOW ASSIGNMENT (Note 5)	STATUS (Note 6)
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> • Employee A • Employee B • Employee C • Employee D <u>Labor Category, Sub.</u> <ul style="list-style-type: none"> • Employee E • Employee F • Employee G <u>Labor Category, Consultant</u> <ul style="list-style-type: none"> • Employee H Employee I 					

Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

- 3.2 **Indirect Costs:** The Offeror shall indicate it's proposed Fringe, Overhead and General & Administrative rates for each applicable fiscal or calendar year (as appropriate). The Offeror shall indicate if these rates are subject to a Forward Pricing Rate Agreement. If the proposed Indirect Rates differ from the Forward Pricing Rate Agreement, the Offeror shall provide an explanation. The Offeror shall provide its actual indirect rates for overhead, G&A and fringe benefits for at least the past three (3) years and shall explain the basis for any significant rate difference between the prior three year period and the rates proposed now.
- 3.3 **Other Direct Costs:** Other Direct Costs consists of materials, travel, reproduction, postage, telephone, supplies for the prime and all subcontracted effort. This includes all other direct costs associated with performance of the contract. Travel costs shall be in accordance with GSA Joint Travel Regulations for airfare, hotel, and per diem allowances. All other direct costs should be specifically identified and explained. If an allocated portion of a Direct cost is also included in an Offeror's indirect rate (such as General and Administrative), the Offeror should state so and list the types of expenses included in the indirect rate.
- 3.3.1 The Offeror should identify types, quantities, and costs of all materials and supplies proposed including a non-loaded priced listing of individual materials or supplies ordered, or a consolidated and priced bill of materials for the entire proposal. A thoroughly documented bill of materials includes part numbers, description, unit costs, quantity required, extended cost (including delivery charges) and basis for the proposed cost (price quotation, prior buy, signed purchase orders, etc.) plus any other non-recurring costs. Deliverable materials are items delivered as a part of the work product. Examples of this are copies and binders delivered to the Government as a report or software ordered for and installed on a computer in a District Government office.
- 3.3.2 The Offeror shall use the following Table (3.3.2) to exhibit its total other direct costs (ODC) by prime and subcontractor(s). A separate table should be completed for each year (base and out-years).

Table (3.3.2)

Other Direct Costs (ODC) Summary

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
Supplies and Materials Office Equipment Travel <ul style="list-style-type: none"> • Airfare • Hotel • Meals & Incidentals • Ground Transportation Telecommunications Occupancy <ul style="list-style-type: none"> • Rent • Utilities • Building Maintenance Transportation Client Care Cost <ul style="list-style-type: none"> • Food • Medical • Clothing • Personal Hygiene Other					
Total ODC by Task					

***Note:** State each individual cost element being proposed. Describe in the narrative section of the cost proposal, how each cost element is derived and why it is being proposed. (Not all cost elements in the table above will apply to each solicitation. The above table should be tailored to the requirements of the RFP.)*

3.4 **Subcontracting Costs:** Each subcontract must be addressed separately. For any subcontract exceeding \$25,000 the cost/price proposal must show the names, quantities, prices, deliverables, basis for selection, and degree of competition used in the selection process. The subcontractor's cost or pricing data should be included along with the prime Offeror's proposal. If available, the Offeror should also include the results of its review and evaluation of the subcontract proposals. The Offeror shall provide copies of any cost or price analyses of the subcontractor costs proposed.

3.5 **Start-up Costs:** As appropriate, the Offeror shall identify all start up costs associated with this effort.

3.6 **Other Historical Data:** All offerors with current or past experience (within three to five years) for similar requirements, as described herein, must submit, as a part of their cost data, the following:

- (a) Contract Number.
- (b) Government agency (federal, state, District, municipal) the contract was awarded by.
- (c) Name and phone number of the Contracting Officer.
- (d) Name and phone number of the Contract Administrator.
- (e) Name and phone number of the Contracting Officer's Representative (if applicable) and the Contract Administrator.
- (f) Period of Performance of the Contract.
- (g) Total amount of contract(s)

In addition to the above data, the following table (No. 3.6) will be completed and submitted with the cost data:

Table (3.6)

Format for Historical Data

	Proposed Contract			Delivered Contract *		
	Number Of Hours**	Contract Value	Average Hr Rate	Number Of Hours**	Contract Value	Average Hr Rate
Direct Labor						
Loaded Labor***						

* Should include any increased scope officially added to contract.

** If provided different number of hours, the difference should be explained.

*** Loaded labor should include all loading and profit. If significant material (i.e., greater than 5%) is included in the contract, data shall be presented both with and without material cost.

In addition, any other data the offeror believes is necessary should be provided in this section.

Note: For data submitted in the above table for "delivered Contract", the Offeror shall indicate the date as of which, the submitted data is current.



COST / PRICE DISCLOSURE CERTIFICATION

RFP Number: _____ Closing Date: _____

Caption: _____ Total Proposed Amount: _____

The undersigned _____

(please print name and title of offeror's authorized signatory) hereby certifies that, to the best of my knowledge, the cost and pricing data (i.e. at the time of price agreement this certification represents that all material facts of which prudent buyers and sellers would reasonably expect to affect price negotiations in any significant manner) submitted was accurate, complete, and current as of _____ (date of RFP closing or conclusion of negotiations as appropriate) .

The undersigned further agrees that it is under a continuing duty to update cost or pricing data through the date that negotiations, if any, with the District are completed. The undersigned further agrees that the price, including profit or fee, will be adjusted to exclude any significant price increases occurring because the cost or pricing data was inaccurate, incomplete or not current. (See D.C. Procurement Regulations, 27 DCMR, Section 1624; and Section 25 of the Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, November, 2004, as amended).

Signed: _____ Date: _____

Title:	_____
Company:	_____
Address:	_____ _____
DUNS #:	_____
Phone:	_____
Fax:	_____

COST/PRICE DATA REQUIREMENTS

1. GENERAL INFORMATION:

1.1 Offerors submitting cost/price proposals, in response to a District Request For Proposal (RFP), sole source procurement, change order, or contract modification exceeding \$100,000 in total value, must include a complete cost and pricing data breakdown (i.e., data that is verifiable and factual) for all costs identified in the proposal, and relevant to the performance of the contract. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the Offeror has been submitted, either actually, or by specific identification, to the District. If not available at the time of submission, as later information comes into the Offeror's possession, it should be promptly submitted to the District in a manner that clearly demonstrates its relationship to, and effect on, the Offeror's cost/price proposal. This requirement continues up to the date of final agreement on price and/or other issues, as agreed upon between the parties.

(30) " There is a clear distinction between submitting cost or pricing data and merely making available books, records and other documents without identification or context. By submitting a cost/price proposal, the Offeror, if selected for negotiation, grants the Contracting Officer, or an authorized representative, the right to examine, at any time before award, those books, records, documents, and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as a basis for pricing, that will permit an adequate evaluation of the proposed cost/price.

1.3 The cost/price proposal will represent the offeror's understanding of the RFP's requirements and the offeror's ability to organize and perform those requirements effectively and efficiently. The evaluation of the Offeror's cost/price proposal will be based on an analysis of the realism and completeness of the cost data, the conformity of the cost to the offeror's technical data and the proposed allocation of labor-hours and skill sets. Pertinent cost information, including but not limited to Defense Contract Auditing Agency (DCAA) and/or the Department of Labor (DOL) recommended rates for direct labor, overhead, general and administrative expense (G&A), etc., as necessary and appropriate, must be used to arrive at the most probable cost to be incurred by the Offeror. If the District considers the proposed costs to be unrealistic, the Offeror should adjust its proposed costs accordingly. Any inconsistency, whether real or apparent, between promised performance and cost or price should be explained in the cost/price proposal. The burden of proof for cost credibility rests with the Offeror.

1.4 The Offeror must submit its cost/price proposal in hard copy as well as on a diskette, which is in a format (i.e. MS Office, Lotus 1-2-3, etc.) specified and/or provided by the Agency Contracting Officer in the solicitation package. All cost/price proposals should provide a cost summary by all cost elements, cross-referenced to supporting documentation. See Table No. (1.4).

1.5 The following information shall be included in this section, for the prime contractor and each proposed subcontractor:

- (a) A properly completed "Cost/Price Disclosure Certification."
- (a) Identification of any estimates, along with the rationale and methodology used to develop them, including judgmental factors used in projecting future costs, based on known data, and the timing, nature and extent of any material contingencies.
- I Disclosure of any other activities or likely events which could materially impact specific costs (i.e., existing large material and supply inventories, management/ownership changes, new technologies, collective bargaining agreements, etc.)

(d) Disclosure of any and all awarded and pending contracts with the District of Columbia, including contract number(s), amount, type (fixed price, cost reimbursement, etc.), agency, and a brief description of services.

(3) Source of approval and the latest date of approval of the offeror's Accounting system.

**Table (1.4)
Example Cost Summary Format**

Cost Item	Task 1			Task 2			Task 3			Task 4, etc.			Base Year Total
	R	H	D	R	H	D	R	H	D	R	H	D	
Direct Labor Categories													
♦ Employee A													
♦ Employee B													
♦ Employee C													
Total Labor Hours													
Total Labor Dollars													
Fringe Benefit													
Labor Overhead *													
Total Direct Labor													
Other Direct Costs													
♦ Equip. & Supplies													
♦ Materials													
♦ Travel													
♦ Other													
Subcontractors													
♦ Sub A													
♦ Sub B													
ODC Overhead *													
Total ODC & Subcontractors													
G&A													
Fee/Profit													
Total Price													

H = Hours R = Rate D = Dollars (Rate X Hours = Dollars)

Note: Provide cost information similar to the above format for each option/out-year

* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.

2. SUPPORTING COST DATA:

- 2.1 The Offeror shall provide, for each cost element, a narrative description, in sufficient detail, to demonstrate price reasonableness, credibility and reliability. The Offeror shall provide its assumptions and methodologies used to estimate each cost element (significant item and quantity estimates, labor hour expenditure patterns and mix, etc.). The following information shall be included in this section:
- 2.1.1. The Offeror's total estimated costs plus its fee (if applicable) for providing all of the requirements of the RFP, as proposed in their technical proposal. Offerors should support their best estimates of all costs (direct, indirect, profit, etc.) to be incurred in the performance of the contract.
 - 2.1.2. When proposing multiyear/option year pricing, the estimated proposed costs shall include a breakdown of all cost elements for the base year as well as each option/out-year. Labor, other direct costs, indirect costs and profit shall each be clearly identifiable. If different from the Defense Contract Auditing Agency (DCAA) or Department Of Labor (DOL) recommended rates, the Offeror shall provide a thorough explanation for the variation(s) of rates.
 - 2.1.3. The Cost Summary Format (Table 1.4) provides a format for the Offeror to submit to the District a pricing proposal of estimated cost by line item, along with supporting documentation that is adequately cross-referenced and suitable for cost realism analysis. A cost-element breakdown shall be attached for each proposed line item and must reflect any other specific requirements established by the Contracting Officer. When more than one contract line item is proposed, a summary of the total amount covering all line items must be furnished for each cost element.
 - 2.1.4. If the Offeror has an agreement with a federal, state, or municipal government agency on the use of a Forward Pricing Rates Agreement (FPRA) or other rate agreement for labor, fringe benefits, overhead and/or general and administrative expense, the Offeror must identify the agreement, provide a copy and describe its nature, terms and duration.

3. SPECIFIC COST ELEMENTS:

A well-supported cost/price proposal reduces the effort needed for review and facilitates informed negotiations. The following are the minimum criteria that constitute an acceptable cost/price proposal:

- 3.1 **Direct labor:** A task-phased annual breakdown of labor rates and labor hours by category or skill level, including the basis for the rates and hours estimated (i.e., payroll registers, wage determinations, collective bargaining agreements, historical experience, engineering estimates, etc.).
 - 3.1.1 The Offeror shall use the following Table No. (3.1.1) to exhibit its total labor hours by prime contractor and subcontractor(s). A separate table should be completed for each year (base and out-years).

**Table (3.1.1)
Annual Labor Summary**

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> • Employee A • Employee B • Employee C 					
<u>Labor Category, Sub.</u> <ul style="list-style-type: none"> • Employee D • Employee E • Employee F 					
<u>Labor Category, Consultant</u> <ul style="list-style-type: none"> • Employee G • Employee H 					
Total Labor Hours by Task					

Note: Do not include wage rates in this table

- 3.1.2 A standard of 40 hours/week, 1,920 hours/year is recommended. If another standard is used, it should be precisely defined. Any deviation from the above labor-hour projection without substantiation may form the basis to reject the response to the RFP. The proposed labor-hours shall include prime contractor, subcontractor and consultant hours.
- 3.1.3 The Offeror shall also submit Table No. (3.1.4.b), depicting the labor mix percentages as proposed for the base year as well as the out-years and should match the personnel experience requirements specified in the RFP, Section **(to be referenced by the Contract Specialist)**, under Personnel Experience. All of the RFP Key positions must be included within the Senior Staff categories. To provide a better understanding of this format, Table No. (3.1.4.a) is provided as an example.
- 3.1.4 The Offeror shall describe how the hourly direct labor rate was derived and indicate whether these rates are subject to any collective bargaining agreement(s), the Service Contract Act (SCA), Davis-Bacon, or any other special agreement which controls the labor rate indicated. When proposing price escalation for option/out-years, the Offerors must follow instructions provided under Economic Price Adjustments, Section H, of this RFP.

Table (3.1.4.a)

Summary of Proposed Annual labor Mix Category (with examples)

NAME (Note1)	LABOR MIX (Note 2)	OFFEROR'S LABOR CATEGORY (Note 3)	PERCENT OF TIME ON CONTRACT (Note 4)	PLANNED SOW ASSIGNMENT (Note 5)	STATUS (Note 6)
Able, Jackson	Sr. Staff Level 1	Program Director	PT/10%	N/A	PCE/E
Black, William E.	Sr. Staff Level 1	Psychiatrist	PT/20%	C.3	PCE/E
White, Pamela A.	Sr. Staff Level 2	Clinic Manager	PT/50%	C.4.1	PCE/P
Green, Robert T	Sr. Staff Level 3	Counseling Supvs.	PT/50%	C.4.2	PCE/P
Ross, Allen	Jr. Staff Level 1	Counselor	FT/100%	C.4.3	PCE/E

Note 1: Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

Table (3.1.4.b)

Summary of Proposed Annual labor Mix Category

NAME (Note 1)	LABOR MIX (Note 2)	OFFEROR'S LABOR CATEGORY (Note 3)	PERCENT OF TIME ON CONTRACT (Note 4)	PLANNED SOW ASSIGNMENT (Note 5)	STATUS (Note 6)
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> • Employee A • Employee B • Employee C • Employee D <u>Labor Category, Sub.</u> <ul style="list-style-type: none"> • Employee E • Employee F • Employee G <u>Labor Category, Consultant</u> <ul style="list-style-type: none"> • Employee H Employee I 					

Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

- 3.2 **Indirect Costs:** The Offeror shall indicate it's proposed Fringe, Overhead and General & Administrative rates for each applicable fiscal or calendar year (as appropriate). The Offeror shall indicate if these rates are subject to a Forward Pricing Rate Agreement. If the proposed Indirect Rates differ from the Forward Pricing Rate Agreement, the Offeror shall provide an explanation. The Offeror shall provide its actual indirect rates for overhead, G&A and fringe benefits for at least the past three (3) years and shall explain the basis for any significant rate difference between the prior three year period and the rates proposed now.
- 3.3 **Other Direct Costs:** Other Direct Costs consists of materials, travel, reproduction, postage, telephone, supplies for the prime and all subcontracted effort. This includes all other direct costs associated with performance of the contract. Travel costs shall be in accordance with GSA Joint Travel Regulations for airfare, hotel, and per diem allowances. All other direct costs should be specifically identified and explained. If an allocated portion of a Direct cost is also included in an Offeror's indirect rate (such as General and Administrative), the Offeror should state so and list the types of expenses included in the indirect rate.
- 3.3.1 The Offeror should identify types, quantities, and costs of all materials and supplies proposed including a non-loaded priced listing of individual materials or supplies ordered, or a consolidated and priced bill of materials for the entire proposal. A thoroughly documented bill of materials includes part numbers, description, unit costs, quantity required, extended cost (including delivery charges) and basis for the proposed cost (price quotation, prior buy, signed purchase orders, etc.) plus any other non-recurring costs. Deliverable materials are items delivered as a part of the work product. Examples of this are copies and binders delivered to the Government as a report or software ordered for and installed on a computer in a District Government office.
- 3.3.2 The Offeror shall use the following Table (3.3.2) to exhibit its total other direct costs (ODC) by prime and subcontractor(s). A separate table should be completed for each year (base and out-years).

Table (3.3.2)

Other Direct Costs (ODC) Summary

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
Supplies and Materials Office Equipment Travel <ul style="list-style-type: none"> • Airfare • Hotel • Meals & Incidentals • Ground Transportation Telecommunications Occupancy <ul style="list-style-type: none"> • Rent • Utilities • Building Maintenance Transportation Client Care Cost <ul style="list-style-type: none"> • Food • Medical • Clothing • Personal Hygiene Other					
Total ODC by Task					

***Note:** State each individual cost element being proposed. Describe in the narrative section of the cost proposal, how each cost element is derived and why it is being proposed. (Not all cost elements in the table above will apply to each solicitation. The above table should be tailored to the requirements of the RFP.)*

3.4 **Subcontracting Costs:** Each subcontract must be addressed separately. For any subcontract exceeding \$25,000 the cost/price proposal must show the names, quantities, prices, deliverables, basis for selection, and degree of competition used in the selection process. The subcontractor's cost or pricing data should be included along with the prime Offeror's proposal. If available, the Offeror should also include the results of its review and evaluation of the subcontract proposals. The Offeror shall provide copies of any cost or price analyses of the subcontractor costs proposed.

3.5 **Start-up Costs:** As appropriate, the Offeror shall identify all start up costs associated with this effort.

3.6 **Other Historical Data:** All offerors with current or past experience (within three to five years) for similar requirements, as described herein, must submit, as a part of their cost data, the following:

- (a) Contract Number.
- (b) Government agency (federal, state, District, municipal) the contract was awarded by.
- (c) Name and phone number of the Contracting Officer.
- (d) Name and phone number of the Contract Administrator.
- (e) Name and phone number of the Contracting Officer’s Representative (if applicable) and the Contract Administrator.
- (f) Period of Performance of the Contract.
- (g) Total amount of contract(s)

In addition to the above data, the following table (No. 3.6) will be completed and submitted with the cost data:

Table (3.6)

Format for Historical Data

	Proposed Contract			Delivered Contract *		
	Number Of Hours**	Contract Value	Average Hr Rate	Number Of Hours**	Contract Value	Average Hr Rate
Direct Labor						
Loaded Labor***						

- * Should include any increased scope officially added to contract.
- ** If provided different number of hours, the difference should be explained.
- *** Loaded labor should include all loading and profit. If significant material (i.e., greater than 5%) is included in the contract, data shall be presented both with and without material cost.

In addition, any other data the offeror believes is necessary should be provided in this section.

Note: For data submitted in the above table for “delivered Contract”, the Offeror shall indicate the date as of which, the submitted data is current.

“THE LIVING WAGE ACT OF 2006”

Title I, D.C. Law No. 16-118, (D.C. Official Code §§ 2-220.01-11)

Effective June 9, 2006, recipients of new contracts or government assistance shall pay affiliated employees and subcontractors who perform services under the contracts no less than the current living wage **\$11.75 per hour.**

The requirement to pay a living wage applies to:

- All recipients of contracts in the amount of \$100,000 or more; and, all subcontractors of these recipients receiving \$15,000 or more from the funds received by the recipient from the District of Columbia, and,
- All recipients of government assistance in the amount of \$100,000 or more; and, all subcontractors of these recipients of government assistance receiving \$50,000 or more in funds from government assistance received from the District of Columbia.

“Contract” means a written agreement between a recipient and the District government.

“Government assistance” means a grant, loan or tax increment financing that result in a financial benefit from an agency, commission, instrumentality, or other entity of the District government.

“Affiliated employee” means any individual employed by a recipient who received compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the contract or government assistance or who are otherwise employed by the contractor, recipient or subcontractor.

Certain exceptions may apply where contracts or agreements are subject to wage determinations required by federal law which are higher than the wage required by this Act; contracts for electricity, telephone, water, sewer other services delivered by regulated utility; contracts for services needed immediately to prevent or respond to a disaster or eminent threat to the public health or safety declared by the Mayor; contracts awarded to recipients that provide trainees with additional services provided the trainee does not replace employees; tenants or retail establishments that occupy property constructed or improved by government assistance, provided there is no receipt of direct District government assistance; Medicaid provider agreements for direct care services to Medicaid recipients, provided that the direct care service is not provided through a home care agency, a community residential facility or a group home for mentally retarded persons; and contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

Exemptions are provided for employees under 22 years of age employed during a school vacation period, or enrolled as a full-time student who works less than 25 hours per week, provided that other employees are not replaced, and for employees of nonprofit organizations that employ not more than 50 individuals.

Each recipient and subcontractor of a recipient shall provide this notice to each affiliate employee covered by this notice, and shall also post this notice concerning these requirements in a conspicuous site in the place of business.

All recipients and subcontractors shall retain payroll records created and maintained in the regular course of business under District of Columbia law for a period of at least 3 years.

This is a summary of the “Living Wage Act of 2006”. For the complete text go to:

www.does.dc.gov or www.ocp.dc.gov

**To file a complaint contact: Department of Employment Services
Office of Wage-Hour**

**64 New York Avenue, N.E., Room 3105, Washington, D.C. 20002
(202) 671-1880**

ATTACHMENT J.10
HIPPA CLAUSE

HIPPA CLAUSE

(1) Definitions

- (a) *Business Associate*. "Business Associate" shall mean the Contractor.
- (b) *Covered Entity*. "Covered Entity" shall mean District of Columbia.
- (c) *Designated Record Set* means:

A group of records maintained by or for Covered Entity that is:

- (i) The medical records and billing records about individuals maintained by or for a covered health care provider;
- (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- (iii) Used, in whole or in part, by or for Covered Entity to make decisions about individuals.

For purposes of this paragraph, the term *record* means any items, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for Covered Entity.

- (d) *Individual* shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- (e) *Privacy Rule*. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- (f) *Protected Health Information*. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (g) *Required By Law*. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.
- (h) *Secretary*. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

(2) Obligations and Activities of Business Associate

- (a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this HIPAA Privacy Compliance Clause (this Clause) or as Required By Law.

- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Clause.
- (c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Clause.
- (d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Clause of which it becomes aware.
- (e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- (f) Business Associate agrees to provide access, at the request of Covered Entity and within thirty (30) days of the request, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.
- (g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual, within thirty (30) days of the request.
- (h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity, available to the Covered Entity, or to the Secretary, within thirty (30) days of the request by the Covered Entity, or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- (i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- (j) Business Associate agrees to provide to Covered Entity or an Individual, within thirty (30) days of a request by the Covered Entity, information collected in accordance with Section (i) above, to permit

Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(3) Permitted Uses and Disclosures by Business Associate

(a) *Refer to underlying services agreement:*

Except as otherwise limited in this Clause, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract #DCBE-2006-__-0122 provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of Covered Entity.

- (b) Except as otherwise limited in this Clause, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- (c) Except as otherwise limited in this Clause, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (d) Except as otherwise limited in this Clause, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).
- (e) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with § 164.502(j)(1).

(4) Obligations of Covered Entity

- (a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

- (b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- (c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

(5) Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

(6) Term and Termination

- (a) *Term.* The requirements of this HIPAA Privacy Compliance Clause shall be effective as of the date of contract award, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.
- (b) *Termination for Cause.* Upon Covered Entity's knowledge of a material breach of this Clause by Business Associate, Covered Entity shall either:
 - (1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the contract if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
 - (2) Immediately terminate the contract if Business Associate has breached a material term of this HIPAA Privacy Compliance Clause and cure is not possible; or
 - (3) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

(c) *Effect of Termination.*

- (1) Except as provided in paragraph (2) of this section, upon termination of the contract, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of

Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

- (2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon determination by the Contracting Officer that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

(7) Miscellaneous

- (a) *Regulatory References.* A reference in this Clause to a section in the Privacy Rule means the section as in effect or as amended.
- (b) *Amendment.* The Parties agree to take such action as is necessary to amend this Clause from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Public Law No. 104-191.
- (c) *Survival.* The respective rights and obligations of Business Associate under Section (6) of this Clause and Sections 8 and 16 of the Standard Contract Provisions for use with District of Columbia Government Supplies and Services Contracts, effective November 2004, shall survive termination of the contract.
- (d) *Interpretation.* Any ambiguity in this Clause shall be resolved to permit Covered Entity to comply with the Privacy Rule.

PAST PERFORMANCE EVALUATION FORM

(Check appropriate box)

Performance Elements	Excellent	Good	Acceptable	Poor	Unacceptable
Quality of Services/ Work					
Timeliness of Performance					
Cost Control					
Business Relations					
Customer Satisfaction					

1. Name & Title of Evaluator: _____
2. Signature of Evaluator: _____
3. Name of Organization: _____
4. Telephone Number of Evaluator: _____
5. State type of service received: _____
6. State Contract Number, Amount and period of Performance _____

7. Remarks on Excellent Performance: Provide data supporting this observation. Continue on separate sheet if needed)
8. Remarks on unacceptable performance: Provide data supporting this observation. (Continue on separate sheet if needed)

RATING GUIDELINES

Summarize Contractor performance in each of the rating areas. Assign each area a rating of 0 (Unacceptable), 1 (Poor), 2 (Acceptable), 3 (Good), 4(Excellent), or ++ (Plus). Use the following instructions a guidance in making these evaluations.

	Quality Product/Service	Cost Control	Timeless of Performance	Business Relations
	<ul style="list-style-type: none"> -Compliance with contract requirements -Accuracy of reports -Appropriateness of personnel -Technical excellence 	<ul style="list-style-type: none"> -Within budget (over/under target costs) -Current, accurate, and complete billings -Relationship of negated costs to actual -Cost efficiencies -Change order issue 	<ul style="list-style-type: none"> -Meet Interim milestones -Reliable -Responsive to technical directions -Completed on time, including wrap-up and contract administration -No liquidated damages assessed 	<ul style="list-style-type: none"> -Effective management -Businesslike correspondence -Responsive to contract requirements -Prompt notification of contract problems -Reasonable/cooperative -Flexible -Pro-active -effective contractor recommended solutions -Effective snail/small disadvantaged business Subcontracting program
0. Zero	Nonconformances are comprises the achievement of contract requirements, despite use of Agency resources	Cost issues are comprising performance of contract requirements.	Delays are comprising the achievement of contract requirements, Despite use of Agency resources.	Response to inquiries, technical/ service/administrative issues is not effective and responsive.
1, Unacceptable	Nonconformances require major Agency resources to ensure achievement of contract requirements.	Cost issues require major Agency resources to ensure achievement of contract requirements.	Delays require major Agency resources to ensure achievement of contract requirements.	response to inquiries, technical/ service/administrative issues is marginally effective and responsive.
2. Poor	Nonconformances require minor Agency resources to ensure achievement of contract requirements.	Costs issues require minor Agency resources to ensure achievement of contract requirements.	Delays require minor Agency resources to ensure achievement of contract requirements.	Responses to inquiries, technical/ service/administrative issues is somewhat effective and responsive.
3. Acceptable	Nonconformances do not impact achievement of contract requirements.	Cost issues do not impact achievement of contract requirements.	Delays do not impact achievement of contract requirements.	Responses to inquires, technical/ service/administrative issues is usually effective and responsive.
4. Good	There are no quality problems.	There are no cost issues.	There are not delays.	Responses to inquiries, technical/ service/administrative issues is effective and responsive,
5. Excellent	The contractor has demonstrated an exceptional performance level in some or all of the above categories.			



2009

**Behavioral Risk Factor Surveillance System
Draft Questionnaire**

November 12, 2008

Behavioral Risk Factor Surveillance System 2009 Draft Questionnaire

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) 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 (state) ?

If "no,"

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

Is this a cellular telephone?

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

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

Core Sections

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

Section 1: Health Status

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

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

3.2 Do you have one person you think of as your personal doctor or health care provider?
If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (81)

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

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
 - 2 Within past 2 years (1 year but less than 2 years ago)
 - 3 Within past 5 years (2 years but less than 5 years ago)
 - 4 Five or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)
- – Number of days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 5: Exercise

- 5.1** 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? (86)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 6: Diabetes

6.1 Have you ever been told by a doctor that you have diabetes?

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

If respondent says pre-diabetes or borderline diabetes, use response code 4.

(87)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Section 7: Hypertension Awareness

7.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(88)

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

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

7.2 Are you currently taking medicine for your high blood pressure?

(89)

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

Section 8: Cholesterol Awareness

8.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (90)

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

8.2 About how long has it been since you last had your blood cholesterol checked? (91)

Read only if necessary:

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

Do not read:

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

8.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (92)

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

Section 9: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

9.1 (Ever told) you had a heart attack, also called a myocardial infarction? (93)

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

9.2 (Ever told) you had angina or coronary heart disease? (94)

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

9.3 (Ever told) you had a stroke? (95)

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

Section 10: Asthma

10.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (96)

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

10.2 Do you still have asthma? (97)

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to Q11.5]**
- 7 Don't know / Not sure **[Go to Q11.5]**
- 9 Refused **[Go to Q11.5]**

11.2 Do you now smoke cigarettes every day, some days, or not at all? (99)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

- 1 Yes
- 2 No [Go to Q11.5]
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.

11.4 How long has it been since you last smoked cigarettes regularly? (101-102)

- 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

11.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (103)

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

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

Do not read:

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

(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 or Alaska Native

Or

- 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 Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

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

Do not read:

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

12.5 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.

(114)

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 Don't know / Not sure
- 9 Refused

12.6 Are you...?

(115)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

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

(116-117)

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

12.8 What is the highest grade or year of school you completed? (118)

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

12.9 Are you currently...? (119)

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

12.10 Is your annual household income from all sources— (120-121)

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

12.11 About how much do you weigh without shoes? (122-125)

Note: If respondent answers in metrics, put “9” in column 122.

Round fractions up

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

CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.

12.12 About how tall are you without shoes? (126-129)

Note: If respondent answers in metrics, put “9” in column 126.

Round fractions down

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

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.**

(130-133)

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

Round fractions up

— — — —	Weight	
(pounds/kilograms)		
7 7 7 7	Don't know / Not sure	[Go to Q12.15]
9 9 9 9	Refused	[Go to Q12.15]

CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

12.14 Was the change between your current weight and your weight a year ago intentional?

(134)

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

12.15 What county do you live in?

(135-137)

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

12.16 What is your ZIP Code where you live?

(138-142)

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

12.17 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.

(143)

1	Yes	
2	No	[Go to Q12.19]
7	Don't know / Not sure	[Go to Q12.19]
9	Refused	[Go to Q12.19]

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

[CELL PHONE QUESTIONS—to be inserted following Q12.19]

12.20 Indicate sex of respondent. Ask only if necessary. (146)

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

12.21 To your knowledge, are you now pregnant? (147)

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

Section 13: Caregiver Status

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1 During the past month, did you provide any such care or assistance to a friend or family member? (148)

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

Section 14: Disability

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

14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (149)

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

14.2 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? (150)

Include occasional use or use in certain circumstances.

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (151)

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

15.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (152-154)

- 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
- 9 9 9 Refused

15.3 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? (155-156)

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

15.4 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? (157-158)

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

15.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (159-160)

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

Section 16: Immunization

16.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (161)

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 During what month and year did you receive your most recent flu shot? (162-167)

_ _ / _ _ _ _ Month / Year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

16.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™. (168)

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

16.4 During what month and year did you receive your most recent flu vaccine that was
sprayed in your nose? (169-174)

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

16.5 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?
(175)

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

[Pandemic Influenza Questions---to be inserted following Section 16:
Immunization]

Section 17: Arthritis Burden

Next I will ask you about arthritis.

17.1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(176)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

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

(177)

- | | |
|---|-----------------------|
| 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: Q17.3 should be asked of all respondents regardless of employment status.

17.3 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? (178)

- 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 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."

17.4 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? (179)

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."

17.5 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.* (180-181)

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

Section 18: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods *you* eat, both at home and away from home.

18.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (182-184)

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

18.2 Not counting juice, how often do you eat fruit? (185-187)

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

18.3 How often do you eat green salad? (188-190)

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

18.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (191-193)

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

18.5 How often do you eat carrots?

(194-196)

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

18.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(197-199)

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

Section 19: Physical Activity

CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.

19.1 When you are at work, which of the following best describes what you do? Would you say—

(200)

If respondent has multiple jobs, include all jobs.

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Do not read:

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

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

19.2 Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?** (201)

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

19.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (202-203)

- __ __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q19.5]**
- 7 7 Don't know / Not sure **[Go to Q19.5]**
- 9 9 Refused **[Go to Q19.5]**

19.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (204-206)

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

19.5 Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (207)

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

19.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (208-209)

- __ __ Days per week
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

19.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (210-212)

_: _ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 20: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section.

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.

20.1 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. (213)

1 Yes
 2 No [Go to Q20.5]
 7 Don't know / Not sure [Go to Q20.5]
 9 Refused [Go to Q20.5]

20.2 Not including blood donations, in what month and year was your last HIV test? (214-219)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

_ / _ Code month and year
 7 7 / 7 7 7 7 Don't know / Not sure
 9 9 / 9 9 9 9 Refused

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

(220-221)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.

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

(222)

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

20.5 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?

(223)

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

Section 21: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

21.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

(224)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

21.2 In general, how satisfied are you with your life?

(225)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Section 22: Cancer Survivors

Now I am going to ask you about cancer.

- 22.1** Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? (226)

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

- 1 Yes
- 2 No [Go to Core closing Statement]
- 7 Don't know / Not sure [Go to Core closing Statement]
- 9 Refused [Go to Core closing Statement]

- 22.2** How many different types of cancer have you had? (227)

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure [Go to Core closing Statement]
- 9 Refused [Go to Core closing Statement]

- 22.3** At what age were you told that you had cancer? (228-229)

- Age in years
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

22.4 What type of cancer was it?

(230-231)

If Q22.2 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

Gastrointestinal

0 9 Colon (intestine) cancer

1 0 Esophageal (esophagus)

1 1 Liver cancer

1 2 Pancreatic (pancreas) cancer

1 3 Rectal (rectum) cancer

1 4 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 5 Hodgkin's Lymphoma (Hodgkin's disease)

1 6 Leukemia (blood) cancer

1 7 Non-Hodgkin's Lymphoma

Male reproductive

1 8 Prostate cancer

1 9 Testicular cancer

Skin

2 0 Melanoma

2 1 Other skin cancer

Thoracic

2 2 Heart

2 3 Lung

Urinary cancer:

2 4 Bladder cancer

2 5 Renal (kidney) cancer

Others

- 2 6 Bone
- 2 7 Brain
- 2 8 Neuroblastoma
- 2 9 Other

Do not read:

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

[CELL PHONE QUESTIONS to be inserted in Demographics Section following Q12.19]

12.19a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (232)

- 1 Yes **[Go to Q12.19c]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.19b Do you share a cell phone for personal use (at least one-third of the time) with other adults? (233)

- 1 Yes **[Go to Q12.19d]**
- 2 No **[Go to Q12.20]**
- 7 Don't know / Not sure **[Go to Q12.20]**
- 9 Refused **[Go to Q12.20]**

12.19c. Do you usually share this cell phone (at least one-third of the time) with any other adults? (234)

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

12.19d. Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone? (235-237)

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

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Pre-Diabetes

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

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)

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

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

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?"

(246)

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

Module 2: Diabetes

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

1. How old were you when you were told you have diabetes? (247-248)

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

2. Are you now taking insulin? (249)

- 1 Yes
- 2 No
- 9 Refused

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. (250-252)

- 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

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. (253-255)

- 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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

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

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"? (258-259)

- _ _ 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.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

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

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. (262)

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

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

Module 3: Healthy Days (Symptoms)

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (265-266)

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

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (267-268)

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

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (269-270)

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

4. During the past 30 days, for about how many days have you felt very healthy and full of energy? (271-272)

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

Module 4: Visual Impairment and Access to Eye Care

CATI note: If respondent is less than 40 years of age, go to next module.

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (273)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say— (274)

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?
(275)

Read only if necessary:

- | | | |
|---|--|-------------------|
| 1 | Within the past month (anytime less than 1 month ago) | [Go to Q5] |
| 2 | Within the past year (1 month but less than 12 months ago) | [Go to Q5] |
| 3 | Within the past 2 years (1 year but less than 2 years ago) | |
| 4 | 2 or more years ago | |
| 5 | Never | |

Do not read:

- | | | |
|---|------------------------|----------------------------|
| 7 | Don't know / Not sure | |
| 8 | Not applicable (Blind) | [Go to next module] |
| 9 | Refused | |

4. What is the main reason you have not visited an eye care professional in the past 12 months?

(276-277)

Read only if necessary:

- | | | |
|-----|---|--|
| 0 1 | Cost/insurance | |
| 0 2 | Do not have/know an eye doctor | |
| 0 3 | Cannot get to the office/clinic (too far away, no transportation) | |
| 0 4 | Could not get an appointment | |
| 0 5 | No reason to go (no problem) | |
| 0 6 | Have not thought of it | |
| 0 7 | Other | |

Do not read:

- | | | |
|-----|------------------------|----------------------------|
| 7 7 | Don't know / Not sure | |
| 0 8 | Not Applicable (Blind) | [Go to next module] |
| 9 9 | Refused | |

CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q8.

5. 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.

(278)

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 | |
| 5 | Never | |

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

6. Do you have any kind of health insurance coverage for eye care?

(279)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

(280)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

(281)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

(282)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Module 5: Inadequate Sleep

I would like to ask you a few questions about your sleep patterns.

1. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

(283-284)

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

2. Do you snore?

INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.

(285)

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

3. During the past 30 days, for about how many days have you felt you did not get enough sleep?

(286-287)

– – Number of days [01-30]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

4. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day?

(288-289)

– – Number of days [01-30]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

5. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (290)
- 1 Yes
 - 2 No
 - 3 Don't drive
 - 4 Don't have license
 - 7 Don't know / Not sure
 - 9 Refused

Module 6: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q9.1 = 1 (Yes), ask Q1. If Core Q9.1 = 2, 7, or 9, skip Q1.

1. Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (291)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q9.3 = 1 (Yes), ask Q2. If Core Q9.3 = 2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (292)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day? (293)
- 1 Yes **[Go to next module]**
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (294)

If "Yes", ask "*Is this a stomach condition?*" Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 7: Actions to Control High Blood Pressure

CATI note: If Core Q7.1 = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (295)

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

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (296)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (297)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (298)

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (299)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (300)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (301)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (302)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (303)

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

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (304)

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

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 Told borderline or pre-hypertensive
7 Don't know / Not sure
9 Refused

Module 8: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (305)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (306)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (307)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (308)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (309)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (310)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (311)

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

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (312)

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

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (313)

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

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (314)

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

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (315)

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

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (316)

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

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (317)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member

Or

- 5 Do something else

Do not read:

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

Module 9: Women's Health

CATI note: If respondent is male, go to the next module.

The next questions are about breast and cervical cancer.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (318)

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

2. How long has it been since you had your last mammogram? (319)

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
9 Refused

3. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (320)

1 Yes
2 No [Go to Q5]
7 Don't know / Not sure [Go to Q5]
9 Refused [Go to Q5]

4. How long has it been since your last breast exam? (321)

Read only if necessary:

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

Do not read:

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

5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (322)

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

6. How long has it been since you had your last Pap test? (323)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next section.

7. Have you had a hysterectomy? (324)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Module 10: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next module.

Now, I will ask you some questions about prostate cancer screening.

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (325)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't Know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. How long has it been since you had your last PSA test? (326)

Read only if necessary:

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

Do not read:

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

3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (327)

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

4. How long has it been since your last digital rectal exam? (328)

Read only if necessary:

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

Do not read:

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

5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(329)

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

Module 11: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next module.

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

(330)

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

2. How long has it been since you had your last blood stool test using a home kit?

(331)

Read only if necessary:

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

Do not read:

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

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (332)

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

4. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (333)

1 Sigmoidoscopy
2 Colonoscopy
7 Don't know / Not sure
9 Refused

5. How long has it been since you had your last sigmoidoscopy or colonoscopy? (334)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (2 years but less than 5 years ago)
5 Within the past 10 years (5 years but less than 10 years ago)
6 10 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

Module 12: Cancer Survivorship

CATI note: If Core Q22.1 = 1 (Yes), continue. Otherwise, go to next module.

Previously you said that you had been told by your doctor that you had cancer. I will now ask you about your experiences with cancer.

1. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (335)

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

2. What type of doctor provides the majority of your health care? (336-337)

Please read [1-10]:

0 1	Cancer Surgeon
0 2	Family Practitioner
0 3	General Surgeon
0 4	Gynecologic Oncologist
0 5	Internist
0 6	Plastic Surgeon, Reconstructive Surgeon
0 7	Medical Oncologist
0 8	Radiation Oncologist
0 9	Urologist
1 0	Other

Do not read:

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

3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? (338)

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

4. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing treatment for cancer? (339)

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

5. Were these instructions written down or printed on paper for you? (340)

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

6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (341)

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

7. Were you EVER denied health insurance or life insurance coverage because of your cancer? (342)

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

8. Did you participate in a clinical trial as part of your cancer treatment? (343)

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

9. Do you currently have physical pain caused by your cancer or cancer treatment? (344)

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

10. Is your pain currently under control? (345)

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

Module 13: Adult Asthma History

CATI note: If "Yes" to Core Q10.1; continue. Otherwise, go to next module.

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (346-347)

- – Age in years 11 or older [96 = 96 and older]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI note: If "Yes" to Core Q10.2, continue. Otherwise, go to next module.

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (348)

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (349-350)

— — Number of visits [87 = 87 or more]
 8 8 None
 9 8 Don't know / Not sure
 9 9 Refused

4. [If one or more visits to Q3, fill in "Besides those emergency room or urgent care center visits,"] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (351-352)

— — Number of visits [87 = 87 or more]
 8 8 None
 9 8 Don't know / Not sure
 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma? (353-354)

— — Number of visits [87 = 87 or more]
 8 8 None
 9 8 Don't know / Not sure
 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (355-357)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say — (358)

Please read:

8 Not at any time [Go to Q9]
 1 Less than once a week
 2 Once or twice a week
 3 More than 2 times a week, but not every day
 4 Every day, but not all the time

Or

5 Every day, all the time

Do not read:

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

(359)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read:

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

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(360)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

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

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it? (361)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

Module 14: Arthritis Management

CATI note: If Core Q17.1 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (362)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (363)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (364)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (365)

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

Module 15: Tetanus Diphtheria (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years? (366)

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

2. Was your most recent tetanus shot given in 2005 or later? (367)

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

3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (368)
- 1 Yes (included pertussis)
 - 2 No (did not include pertussis)
 - 7 Don't know / Not sure
 - 9 Refused

Module 16: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of females between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil (Gar-duh-seel)

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Have you EVER had the HPV vaccination? (369)
- 1 Yes
 - 2 No **[Go to next module]**
 - 3 Doctor refused when asked **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. How many HPV shots did you receive? (370-371)
- — Number of shots
 - 0 3 All shots
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Module 17: Shingles

CATI note: If respondent is ≤ 49 years of age, go to next module.

The next question is about the Shingles vaccine.

1. Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine. Have you had this vaccine? (372)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 18: Caregiver

CATI note: If Core13.1 = 1 (Yes), continue. Otherwise, go to next module.

Previously, you said that you provide care to a friend or family member.

1. What age is the person to whom you are giving care? (373-375)

INTERVIEWER NOTE: If more than one person, ask "What is the age of the person to whom you are giving the most care?"

<u> </u> <u> </u> <u> </u>	Code age in years [0-115]
7 7 7	Don't know / Not sure
9 9 9	Refused

The remainder of these questions will be about the person to whom you are giving the most care.

2. Is this person male or female? (376)
- | | |
|---|---------|
| 1 | Male |
| 2 | Female |
| 9 | Refused |

3. What is her/his relationship to you? For example is he/she your (mother/daughter or father/son)? (377-378)

Do not read:

- 0 1 Parent
- 0 2 Parent-in-law
- 0 3 Child
- 0 4 Spouse
- 0 5 Sibling
- 0 6 Grandparent
- 0 7 Grandchild
- 0 8 Other Relative
- 0 9 Non-relative
- 7 7 Don't know / Not sure
- 9 9 Refused

4. For how long have you provided care for [CATI: code from Q3]. If Q3 = 77 (Don't know/not sure) or 99 (Refused); say "that person." (379-381)

NOTE: Code using respondent's unit of time.

- 1 _ _ Days
- 2 _ _ Weeks
- 3 _ _ Months
- 4 _ _ Years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? [Check only one condition]. (382-383)

Do not read:

Physical Health Condition/Disease

- 0 1 Arthritis/Rheumatism
- 0 2 Asthma
- 0 3 Cancer
- 0 4 Diabetes
- 0 5 Heart Disease
- 0 6 Hypertension/High Blood Pressure
- 0 7 Lung Disease/Emphysema
- 0 8 Osteoporosis
- 0 9 Parkinson's Disease
- 1 0 Stroke

Disability

- 1 1 Eye/Vision Problem (blindness)
- 1 2 Hearing Problems (deafness)
- 1 3 Muscular Sclerosis (MS)
- 1 4 Spinal Cord Injury
- 1 5 Traumatic Brain Injury (TBI)

Learning/Cognition

- 1 6 Alzheimer's Disease or Dementia
- 1 7 Attention-Deficit Hyperactivity Disorder (ADHD)
- 1 8 Learning Disabilities (LD)

Developmental Disability

- 1 9 Cerebral Palsy (CP)
- 2 0 Down's Syndrome
- 2 1 Other developmental disability (e.g., spinal bifida, muscular dystrophy, fragile X)

Mental Health

- 2 2 Anxiety
- 2 3 Depression
- 2 4 Other

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

6. In which of the following areas does the person you care for most need your help?
(384-385)

Please read:

- 0 1 Taking care of himself/herself, such as eating, dressing, or bathing
- 0 2 Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
- 0 3 Communicating with others
- 0 4 Learning or remembering
- 0 5 Seeing or hearing
- 0 6 Moving around within the home
- 0 7 Transportation outside of the home
- 0 8 Getting along with people
- 0 9 Relieving/decreasing anxiety or depression

Do not read:

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

7. In an average week, how many hours do you provide care for [CATI: code from Q3] because of his/her health problem, long-term illness, or disability?
(386-388)

Note: Round up to even number of hours.

Do not read:

- — — Hours per week
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver. (389-390)

Please read:

- 0 1 Creates a financial burden
- 0 2 Doesn't leave enough time for yourself
- 0 3 Doesn't leave enough time for your family
- 0 4 Interferes with your work
- 0 5 Creates stress
- 0 6 Creates or aggravates health problems
- 0 7 Affects family relationships
- 0 8 Other difficulty
- 8 8 No difficulty

Do not read:

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

9. During the past year, has the person you care for experienced changes in thinking or remembering? (391)

Read only if necessary: "Had more difficulty remembering people, places, or things, or understanding or making decisions as easily as they once did."

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

Module 19: General Preparedness

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home **or** displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (392)

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day. (393)

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

3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking. (394)

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

4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (395)

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (396)

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

6. Does your household have a working flashlight and working batteries for your use if the electricity is out? (397)

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

7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends? (398)

Read only if necessary:

1 Regular home telephones
2 Cell phones
3 Email
4 Pager
5 2-way radios
6 Other

Do not read:

7 Don't know / Not sure
9 Refused

8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? (399)

Read only if necessary:

1 Television
2 Radio
3 Internet
4 Print media
5 Neighbors
6 Other

Do not read:

7 Don't know / Not sure
9 Refused

9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (400)

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

10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (401)

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

11. What would be the main reason you might not evacuate if asked to do so? (402-403)

Read only if necessary:

0 1 Lack of transportation
0 2 Lack of trust in public officials
0 3 Concern about leaving property behind
0 4 Concern about personal safety
0 5 Concern about family safety
0 6 Concern about leaving pets
0 7 Concern about traffic jams and inability to get out
0 8 Health problems (could not be moved)
0 9 Other

Do not read:

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

Module 20: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group? (404)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) _____
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (405)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

[CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (406)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (407)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

5. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (408)

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

6. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (409)

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

Module 21: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (410)

1 All
2 Most
3 Some
4 A little
5 None
7 Don't know / Not sure
9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (411)

1 All
2 Most
3 Some
4 A little
5 None
7 Don't know / Not sure
9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?
[If necessary: all, most, some, a little, or none of the time?] (412)

1 All
2 Most
3 Some
4 A little
5 None
7 Don't know / Not sure
9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[If necessary: all, most, some, a little, or none of the time?]

(413)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**?

[If necessary: all, most, some, a little, or none of the time?]

(414)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(415)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(416-417)

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

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (418)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (419)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly? (420)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: "answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs".

Module 22: Carbon Monoxide Detectors and Gas Powered Generators

The next questions are about carbon monoxide detectors and gas powered generators used at your home.

1. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Do you have a carbon monoxide detector in your home? (421)

1 Yes
2 No [Go to Q4]
7 Don't know / Not sure [Go to Q4]
9 Refused [Go to Q4]

2. Does your carbon monoxide detector use a battery for either the main power or the backup power? (422)

1 Yes
2 No [Go to Q4]
7 Don't know / Not sure [Go to Q4]
9 Refused [Go to Q4]

3. When was the last time the batteries in your carbon monoxide detector was changed? (423)

Please read:

1 Within the last 6 months
2 More than 6 months ago but less than a year ago
3 One year or more ago
4 Never

Do not read:

7 Don't know / Not sure
9 Refused

4. Has anyone in your household EVER used a gas-powered generator to provide electric power to your home when the power went out? (424)

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

5. In the past year, has anyone in your household used a gasoline or diesel-powered generator to provide electric power to your home when the power went out? (425)

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

6. Where is the generator usually placed when it is running? (426)

Please read:

1 Outdoors, less than 20 feet from the house
2 Outdoors, 20 feet or more from the house
3 Inside the living space
4 Inside an attached garage or on an enclosed porch
5 In a detached garage, shed, or outbuilding
6 In another location

Do not read:

7 Don't know / Not sure
9 Refused

7. Which of the following has the most impact on where you place the generator while it is running? (427)

Please read:

1 Owners' manual directions
2 Weather conditions such as rain, snow, wind, or ice
3 Length of the power cord
4 Need to protect the generator from being stolen
5 Other

Do not read:

7 Don't know / Not sure
9 Refused

8. Do you own, rent, or borrow the generator that you usually use to provide electric power to your home when the power goes out? (428)

1 Own
2 Rent
3 Borrow
7 Don't know / Not sure
9 Refused

Module 23: Social Context

There are many different factors that can affect a person's health. I'm going to ask you about several factors that can affect a person's health.

1. Do you own or rent your home?

(429)

Please read:

- 1 Own
- 2 Rent
- 3 Other arrangement [Go to Q3]

Do not read:

- 7 Don't know / Not sure [Go to Q3]
- 9 Refused [Go to Q3]

INTERVIEWER NOTE: "Other arrangement" may include group home or staying with friends or family without paying rent.

2. How many times in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

(430)

Please read:

- 1 Often, 6 or more months
- 2 Sometimes, 1 to 5 months
- 3 Never

Do not read:

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

3. How many times in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

(431)

Please read:

- 1 Often, 6 or more months
- 2 Sometimes, 1 to 5 months
- 3 Never

Do not read:

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

If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q4 and Q5.

If Core Q12.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q6 and Q7.

If Core Q12.9 = 5(A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

4. At your main job or business, how are you generally paid for the work you do. Are you:

(432)

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

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

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

(433-434)

- – Hours (01-96 or more) **[Go to Q8]**
- 9 7 Don't know / Not sure **[Go to Q8]**
- 9 8 Does not work **[Go to Q8]**
- 9 9 Refused **[Go to Q8]**

6. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do? Were you:

(435)

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

7. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? (436-437)

— — Hours (01-96 or more)
9 7 Don't know / Not sure
9 8 Does not work
9 9 Refused

8. Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain? (438)

1 Yes
2 No
8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
7 Don't know / Not sure
9 Refused

Module 24: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age--

1. Did you live with anyone who was depressed, mentally ill, or suicidal? (439)

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

2. Did you live with anyone who was a problem drinker or alcoholic? (440)

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

3. Did you live with anyone who used illegal street drugs or who abused prescription medications? (441)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (442)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
5. Were your parents separated or divorced? (443)
- 1 Yes
 - 2 No
 - 8 Parents not married
 - 7 Don't know / Not sure
 - 9 Refused
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (444)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say--- (445)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? (446)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? (447)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? (448)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
11. How often did anyone at least 5 years older than you or an adult, force you to have sex? (449)
- 1 Never
 - 2 Once
 - 3 More than once
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?

Module 25: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q12.7 = 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 Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

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

1. What is the birth month and year of the “Xth” child? (465-470)

$\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$	Code month and year
$\frac{_}{9} \frac{_}{9} / \frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9}$	Don’t know / Not sure
	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (471)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (472)

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

4. Which one or more of the following would you say is the race of the child? (473-478)

[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

Or

- 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.

5. Which one of these groups would you say best represents the child's race? (479)

- 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

6. How are you related to the child? (480)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 26: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 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.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (481)

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

2. Does the child still have asthma? (482)

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

Module 27: Childhood Immunization

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

1. During the past 12 months, has [Fill: he/she] had a flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. (483)

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

2. During what month and year did [Fill: he/she] receive their most recent flu vaccination? The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. (484-489)

__ / __ __ __	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

Module 28: Child Human Papilloma Virus (HPV)

If selected child is female between ages 9 and 17 years; continue. Otherwise, go to next module.

NOTE: Human Papilloma Virus (Human Pap-uh-loh-muh Virus); Gardasil® (Gar-duh-seel)

I have two additional questions about a vaccination the selected child may have had.

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL®. Has this child EVER had the HPV vaccination? (490)

- | | | |
|---|---------------------------|---------------------|
| 1 | Yes | |
| 2 | No | [Go to next module] |
| 3 | Doctor refused when asked | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

2. How many HPV shots did she receive? (491-492)

- | | | |
|---|---|-----------------------|
| | | Number of shots |
| 0 | 3 | All shots |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Module 29: Tetanus Diphtheria (Adolescents)

CATI note: If selected child is aged 10 to 17, continue. Otherwise, go to next module.

I would like to ask you about the tetanus diphtheria vaccine for your child.

1. Has he/she received a tetanus shot in the past 10 years? (493)

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

2. Was his/her most recent tetanus shot given in 2005 or later? (494)

- 1 Yes
- 2 No **[Go to end of Optional Modules]**
- 7 Don't know / Not sure
- 9 Refused

3. There are currently two types of tetanus shots available today for older children and teenagers. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine? (495)

- 1 Yes (included Pertussis)
- 2 No (did not include Pertussis)
- 7 Don't know / Not sure
- 9 Refused

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you 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?

(496)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

**BRFSS/ASTHMA SURVEY
CHILD QUESTIONNAIRE - 2008
CATI SPECIFICATIONS**

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[CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

Section 1. Introduction

For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.

For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix B.

Section 2. Informed Consent

For states identifying the Most Knowledgeable Person/Parent (MKP) at the BRFSS interview use language in Appendix A.

For states identifying the Most Knowledgeable Person/Parent (MKP) at the Asthma Call-Back use language in Appendix B.

Section 3. Recent History

AGEDX (3.1) How old was {child's name} when a doctor or other health professional first said {he/she} had asthma

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEARS OLD]

_____ (ENTER AGE IN YEARS)
[RANGE CHECK: IS 001-018, 777, 888, 999]

- (777) DON'T KNOW
- (888) Under 1 year old
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99, 88 VERIFY THAT 777, 888, 999 WERE NOT THE INTENT]

INCIDENT (3.2) How long ago was that? Was it...

- READ CATEGORIES**
- (1) Within the past 12 months
 - (2) 1-5 years ago
 - (3) more than 5 years ago

- (7) DON'T KNOW
- (9) REFUSED

LAST_MD (3.3) How long has it been since you last talked to a doctor or other health professional about {child's name} asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (04) WITHIN THE PAST YEAR
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

LAST_MED (3.4) How long has it been since {he/she} last took asthma medication?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO

- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when {child's name} **did not** have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since {he/she} last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

**IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 5, 6, 7 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue**

SYMP_30D (4.1) During the past 30 days, on how many days did {child's name} have any symptoms of asthma?

__ __ DAYS
[RANGE CHECK: (01-30, 77, 88, 99)]
CLARIFICATION: [1-29, 77, 99] [SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS_INT]
(30) EVERY DAY [CONTINUE]

(77) DON'T KNOW [SKIP TO 4.3 ASLEEP30]
(99) REFUSED [SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2) Does { he/she } have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for { him/her } to stay asleep?

__ __ DAYS/NIGHTS
[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE
(30) Every day

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)

During the past two weeks, on how many days was {child's name} completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

____ Number of days
[RANGE CHECK: (01-14, 77, 88, 99)

- (88) NONE
- (77) DON'T KNOW
- (99) REFUSED

EPIS_INT

IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS (LASTSYMP 3.5 1, 2 OR 3) CONTINUE HERE AS WELL

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5)

During the past 12 months' has {child's name} had an episode of asthma or an asthma attack?

- (1) YES
- (2) NO **[SKIP TO INS1 in Section 5]**
- (7) DON'T KNOW **[SKIP TO INS1 in Section 5]**
- (9) REFUSED **[SKIP TO INS1 in Section 5]**

EPIS_TP (4.6)

During the past three months, how many asthma episodes or attacks has { he/she } had?

[RANGE CHECK: (001-100, 777, 888, 999)]

- (888) NONE
- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7)

How long did {his/her} **MOST RECENT asthma episode or attack last?**

1__ Minutes

2__ Hours
3__ Days
4__ Weeks
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up

If answer is #.01 to #.49 ignore fractional part

ex. 1.5 should be recorded as 2

1.25 should be recorded as 1

COMPASTH (4.8) Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.1) Does {child's name} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- (1) YES [continue]
- (2) NO [SKIP TO FLU_SHOT]
- (7) DON'T KNOW [SKIP TO FLU_SHOT]
- (9) REFUSED [SKIP TO FLU_SHOT]

INS_TYP (5.2) What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

- (1) parent's employer
- (2) medicaid/medicare
- (3) CHIP {replace with state specific name}
- (4) Other
- (7) DON'T KNOW
- (9) REFUSED

INS2 (5.3) During the past 12 months was there any time that { he/she } did not have any health insurance or coverage?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

FLU_SHOT (5.4) A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

FLU_SPRAY (5.5) A flu vaccine that is sprayed in the nose is called FluMist™. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in his/her nose?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees (1. Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.

The above “if” statement can also be restated in different words as:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)
AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), continue to Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

**(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above “if” statement can also be restated in different words as:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5; otherwise skip to Section 6)**

IF CUR_ASTH (2.2) = 1 (Yes) continue to section 5.

ACT_DAYS (5.6) During the past 12 months, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

- (7) DON’T KNOW
- (9) REFUSED

**NR_TIMES (5.7) [IF LAST_MD= 88, 05, 06, 07; SKIP TO Section 6
(have not seen a doctor in the past 12 months)]**

During the past 12 months how many times did {he/she} see a doctor or other health professional for a routine checkup for {his/her} asthma?

____ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888, AND 999 WERE NOT THE INTENT]

- (888) NONE

- (777) DON’T KNOW
- (999) REFUSED

ER_VISIT (5.8) An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has {child’s name} had to visit an emergency room or urgent care center because of {his/her} asthma?

- (1) YES
- (2) NO [SKIP TO URG_TIME]
- (7) DON'T KNOW [SKIP TO URG_TIME]
- (9) REFUSED [SKIP TO URG_TIME]

ER_TIMES (5.9) During the past 12 months, how many times did { he/she } visit an emergency room or urgent care center because of {his/her} asthma?

____ ENTER NUMBER
 [RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

- (888) ZERO (skip back to 5.8)
- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.8 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.9 ALLOW LOOPING BACK TO CORRECT 5.8 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.10) [IF ONE OR MORE ER VISITS (ER_VISIT (5.8) = 1) INSERT "Besides those emergency room or urgent care center visits,"]

During the past 12 months, how many times did {child's name} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack?

____ ENTER NUMBER
 [RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

- (888) NONE
- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

HOSP_VST (5.11) **[IF LASTSYMP \geq 5 AND \leq 7, SKIP TO SECTION 6
IF LASTSYMP=88 (NEVER), SKIP TO SECTION 6]**

During the past 12 months, that is since [1 YEAR AGO TODAY], has {child's name} had to stay overnight in a hospital because of {his/her} asthma? Do not include an overnight stay in the emergency room.

- (1) YES
- (2) NO [SKIP TO Section 6]
- (7) DON'T KNOW [SKIP TO Section 6]
- (9) REFUSED [SKIP TO Section 6]

HOSPTIME (5.12) During the past 12 months, how many different times did {he/she} stay in any hospital overnight or longer because of {his/her} asthma?

_____ TIMES
[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

- (777) DON'T KNOW
 - (999) REFUSED
- [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.11 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.12 ALLOW LOOPING BACK TO CORRECT 5.11 TO "NO"]

HOSPPLAN (5.13) The last time {he/she} left the hospital, did a health professional **TALK** with you or {child's name} about how to prevent serious attacks in the future?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]

Section 6. Knowledge of Asthma/Management Plan

TCH_SIGN (6.1) Has a doctor or other health professional ever taught you or {child's name}...

a. How to recognize early signs or symptoms of an asthma episode?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

TCH_RESP (6.2) Has a doctor or other health professional ever taught you or {child's name}...

b. What to do during an asthma episode or attack?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

TCH_MON (6.3) A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or {child's name}...

c. How to use a peak flow meter to adjust his/her daily medications?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_PLAN (6.4) An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you or {child's name}....an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_CLAS (6.5)

Have you or {child's name} ever taken a course or class on how to manage {his/her} asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 7. Modifications to Environment

HH_INT **READ:** The following questions are about {child's name} household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1) **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**

Is an air cleaner or purifier regularly used inside {child's name} home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DEHUMID (7.2) **A dehumidifier is a small, portable appliance which removes moisture from the air.**

Is a dehumidifier regularly used to reduce moisture inside {his/her} home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

KITC_FAN (7.3) **Is an exhaust fan that vents to the outside used regularly when cooking in the kitchen in {his/her} home?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

COOK_GAS (7.4) **Is gas used for cooking in {his/her} home?**

- (1) Yes
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_MOLD (7.5) **In the past 30 days, has anyone seen or smelled mold or a musty odor inside in {his/her} home? Do not include mold on food.**

- (1) YES

- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

ENV_PETS (7.6) Does {child's name} home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

- (1) YES
- (2) NO (SKIP TO 7.8)
- (7) DON'T KNOW (SKIP TO 7.8)
- (9) REFUSED (SKIP TO 7.8)

PETBEDRM (7.7) Is the pet allowed in {his/her} bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T
- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen cockroaches inside {child's name} home?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.]

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside {his/her} home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Studies have shown that rodents may be a cause of asthma.]

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in {child's name} home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.11) **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in {his/her} home?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.]

S_INSIDE (7.12) **In the past week, has anyone smoked inside {his/her} home?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about {child's name}.

Has a health professional ever advised you to change things in {his/her} home, school, or work to improve his/her asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) **Does {he/she} use a mattress cover that is made especially for controlling dust mites?**

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

- (1) YES

- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

E_PILLOW (7.15) Does {he/she} use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) Does {child's name} have carpeting or rugs in {his/her} bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are {his/her} sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT
- DO NOT READ**
- (4) VARIES
- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In {child's name} bathroom, does {he/she} regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THE CHILD USES MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) [IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to {child's name} medication use.

Over-the-counter medication can be bought without a doctor's order. Has {child's name} ever used over-the-counter medication for {his/her} asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

INHALERE (8.2) Has {he/she} ever used a prescription inhaler?

- (1) YES
- (2) NO [SKIP TO SCR_MED1]

- (7) DON'T KNOW [SKIP TO SCR_MED1]
- (9) REFUSED [SKIP TO SCR_MED1]

INHALERH (8.3) Did a health professional show {him/her} how to use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4) Did a doctor or other health professional watch { him/her } use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SCR_MED1 (8.5)

[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications {child's name} may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often {he/she} takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get {child's name} medicines so you can read the labels.

Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH_SCR]
- (7) DON'T KNOW [SKIP TO INH_SCR]
- (9) REFUSED [SKIP TO INH_SCR]

SCR_MED3 (8.7)

[when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO
- (7) DON'T KNOW
- (9) REFUSED

INH_SCR (8.8)

[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]

In the past 3 months has {child's name} taken prescription asthma medicine using an inhaler?

- (1) YES
- (2) NO [SKIP TO PILLS]
- (7) DON'T KNOW [SKIP TO PILLS]
- (9) REFUSED [SKIP TO PILLS]

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; **however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file).** When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did {he/she} take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications for 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rô'bîd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ôl (or al-BYOO-ter-ole) sâl-byū'ta-môl'
04	Alupent	al-u-pent
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	Beclomethasone dipropionate	bek''lo-meth'ah-son dî' pro'pe-o-nât (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent'' (or be-klo-vent)
09	Bitolterol	bi-tôl'ter-ôl (or bye-tole-ter-ole)
10	Brethaire	breth-air
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mô-lin (or KROE-moe-lin)
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	Flunisolide	floo-nis'o-lîd (or floo-NISS-oh-lide)
17	Fluticasone	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	for moh' te rol
18	Intal	in-tel
19	Ipratropium Bromide	îp-rah-tro'pe-um bro'mîd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	Metaproteronol	met''ah-pro-ter'ě-nôl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-son
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pēr-bu'ter-ôl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro''ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	pul-ma-cort tur-bo-hail-er
36	QVAR	q -vâr (or q-vair)
03	Salbutamol (or Albuterol)	sâl-byū'ta-môl'

26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29	Tilade	tie -laid
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ě-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP01]

(88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]

(77) DON'T KNOW [SKIP TO PILLS]

(99) REFUSED [SKIP TO PILLS]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE
LINE.**

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP10 FOR EACH MEDICINE 01-42 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH ILP10]

[IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO ILP02]

ILP01 (8.11) Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH_MEDS SERIES] inhaler that {he/she} uses?

[INTERVIEWER: A puff is a single inhalation or a single dose. Inhalers sometimes say "100 metered doses". Instructions are to use 2-3 inhalations (doses, puffs) each time. The 80 puff canister may say 6.8 g. The 100 puff canister may say 9 g and the 200 puff canister may say 17 g. or 18 g. depending on the brand being used. If it says 90 mcg (micrograms) it is referring to the individual puff, not the size of the canister.]

- (1) 80 PUFFS
- (2) 100 PUFFS
- (3) 200 PUFFS

- (4) Other number of puffs
- (5) USED DIFFERENT SIZES OF THIS MEDICATION IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP02 (8.12) How long has {child's name} been taking [MEDICINE FROM INH_MEDS SERIES]? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?

- (1) Less than 6 months
- (2) 6 months to 1 year
- (3) Longer than 1 year
- (7) DON'T KNOW
- (9) REFUSED

IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Does {he/she} use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

- (1) YES
- (2) NO
- (3) Medication is a disk inhaler not a canister inhaler
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk not canister) is primarily intended for medications Serevent (27), Salmeterol (26) and Flovent (14) which are known to come in disk type inhalers (which do not use a spacer). However, new medications may come on the market that will need this category so it can be used for other than 14, 26, and 27.]

ILP04 (8.14) In the past 3 months, did {child's name} take [MEDICINE FROM INH_MEDS SERIES] when he/she had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

ILP05 (8.15) In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

ILP06 (8.16) In the past 3 months, did {he/she} take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

ILP07 (8.17) On average, how many puffs did {he/she} take each time he/she used [MEDICINE FROM INH_MEDS SERIES]?

___ PUFFS EACH TIME
[RANGE CHECK: (01-76, 77, 99)]

- (77) DON'T KNOW
- (99) REFUSED

INTERVIEWER: PROBE FOR NUMBER OF PUFFS IF RANGE IS GIVEN.

ILP08 (8.18) How many times per day or per week did {he/she} use [MEDICINE FROM INH_MEDS SERIES]?

- 3 __ Times per DAY **[RANGE CHECK: (>10)]**
- 4 __ Times per WEEK **[RANGE CHECK: (>75)]**
- 5 5 5 Never
- 6 6 6 LESS OFTEN THAN ONCE A WEEK
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19) How many canisters of [MEDICINE FROM INH_MEDS SERIES] has {child's name} used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

(77) DON'T KNOW

(88) NONE

(99) REFUSED

[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES THAT <CHILD> HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE AT SCHOOL, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20) In the past 3 months, has {he/she} taken any PRESCRIPTION medicine in pill form for his/her asthma?

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

[SKIP TO SYRUP]

(9) REFUSED

[SKIP TO SYRUP]

PILLS_MD (8.21) For the following pills the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What PRESCRIPTION asthma medications does {child's name} take in pill form?
[MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications for 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Accolate	ac-o-late
02	Aerolate	air-o-late
03	Albuterol	āl'-bu'ter-ōl (or al-BYOO-ter-all)
04	Alupent	al-u-pent
49	Brethine	breth-een
05	Choledyl (oxtriphylline)	ko-led-il
07	Deltasone	del-ta-sone
08	Elixophyllin	e-licks-o-fil-in

11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	Montelukast	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	Prednisolone	pred- NISS -oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respird	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	Theophylline	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab
66	Other, please specify	[SKIP TO OTH P1]

[IF

RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILLX]

(88) NO PILLS

[SKIP TO SYRUP]

(77) DON'T KNOW

[SKIP TO SYRUP]

(99) REFUSED

[SKIP TO SYRUP]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

ENTER OTHER MEDICATION IN TEXT FIELD

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLX_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILLX]

PILLX (8.22) How long has {child’s name} been taking [MEDICATION LISTED IN PILLS_MD]?

- (1) Less than 6 months
- (2) 6 months to 1 year
- (3) Longer than 1 year

- (7) DON’T KNOW
- (9) REFUSED

SYRUP (8.23) In the past 3 months, has {he/she} taken prescription medicine in syrup form?

- (1) YES
- (2) NO [SKIP TO NEB_SCR]

- (7) DON’T KNOW [SKIP TO NEB_SCR]
- (9) REFUSED [SKIP TO NEB_SCR]

SYRUP_ID (8.24) For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).

What PRESCRIPTION asthma medications has {child’s name} taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other PRESCRIPTION syrup medications for asthma?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air -o-late
02	Albuterol	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin
66	Other, Please Specify:	[SKIP TO OTH_S1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

(88) NO PILLS [SKIP TO NEB_SCR]

(77) DON'T KNOW
(99) REFUSED

[SKIP TO NEB_SCR]
[SKIP TO NEB_SCR]

OTH_S1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

ENTER OTHER MEDICATION.

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8.25) A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of {child's name} PRESCRIPTION asthma medicines used with a nebulizer?

- (1) YES
- (2) NO [SKIP TO Section 9]
- (7) DON'T KNOW [SKIP TO Section 9]
- (9) REFUSED [SKIP TO Section 9]

NEB_PLC (8.26) I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no. In the past 3 months did {child's name} use a nebulizer ...

- (8.26a) AT HOME**
(1) YES (2) NO (7) DK (9) REF
- (8.26b) AT A DOCTOR'S OFFICE**
(1) YES (2) NO (7) DK (9) REF
- (8.26c) IN AN EMERGENCY ROOM**
(1) YES (2) NO (7) DK (9) REF
- (8.26d) AT WORK OR AT SCHOOL**
(1) YES (2) NO (7) DK (9) REF
- (8.26e) AT ANY OTHER PLACE**
(1) YES (2) NO (7) DK (9) REF

NEB_ID (8.27) For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescription ASTHMA medications has {he/she} taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Has your child taken any other prescription ASTHMA medications with a nebulizer in the past 3 months?]

	Medication	Pronunciation
01	Albuterol	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	Budesonide	byoo- des -oh-nide
06	Cromolyn	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	Ipratropium bromide	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met''ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

(88) NONE

[SKIP TO Section 9]

(77) DON'T KNOW

[SKIP TO Section 9]

(99) REFUSED

[SKIP TO Section 9]

OTH_N1

ENTER OTHER MEDICATION

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

Section 9. Cost of Care

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes) continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF CUR_ASTH (2.2) = 1 (Yes), continue.

ASMDCOST (9.1) Was there a time in the past 12 months when {child’s name} needed to see his/her primary care doctor for asthma but could not because of the cost?

- (1) YES
- (2) NO

- (7) DON’T KNOW
- (9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when you were referred to a specialist for {his/her} asthma care but could not go because of the cost?

- (1) YES
- (2) NO

- (7) DON’T KNOW
- (9) REFUSED

ASRXCOST (9.3) Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), skip to 10.8

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes) continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10.8

IF CUR_ASTH (2.2) = 1 (Yes), continue.

MISS_SCHL (10.5) During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?

____ ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL_12 (10.3) = 1 READ ‘PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD’S NAME} WENT TO LAST’]

- | | |
|----------------|----------------------|
| (2) NO | [SKIP TO SECTION 11] |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

MISS_DCAR (10.12)

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), skip to 10.14

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10.14

IF CUR_ASTH (2.2) = 1 (Yes), continue

During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?

____ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)]
[Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DCARE_APL (10.13) [IF DAYCARE1 (10.11) = YES (1) THEN READ: “Please answer these next few questions about the daycare {child’s name} went to last. “

Does {child’s name} have a written asthma action plan or asthma management plan on file at daycare?

- (1) YES
- (2) NO

- (7) DON’T KNOW
- (9) REFUSED

DCARE_ANML(10.14) Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

- (1) YES
- (2) NO

- (7) DON’T KNOW
- (9) REFUSED

DCARE_MLD (10.15) Are you aware of any mold problems in {his/her} daycare?

- (1) YES
- (2) NO

- (7) DON’T KNOW
- (9) REFUSED

DCARE_SMK (10.16) Is smoking allowed at {his/her} daycare?

- (1) YES
- (2) NO

- (7) DON’T KNOW
- (9) REFUSED

Section 11. Complimentary and Alternative Therapy

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused), skip to Section 12

IF BRFSS module value for M2.2, “Does the child still have asthma?” = 1 (Yes), continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 12

IF CUR_ASTH (2.2) = 1 (Yes), continue

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if {child’s name} has used it to control asthma in the past 12 months. Answer “no” if {he/she} has not used it in the past 12 months.

In the past 12 months, has {he/she} used ... to control asthma?
[interviewer: repeat prior phrasing as needed]

CAM_HERB (11.1)	herbs	(1) YES	(2) NO	(7) DK (9) REF
CAM_VITA (11.2)	vitamins	(1) YES	(2) NO	(7) DK (9) REF
CAM_PUNC (11.3)	acupuncture	(1) YES	(2) NO	(7) DK (9) REF
CAM_PRES (11.4)	acupressure	(1) YES	(2) NO	(7) DK (9) REF
CAM_AROM (11.5)	aromatherapy	(1) YES	(2) NO	(7) DK (9) REF
CAM_HOME (11.6)	homeopathy	(1) YES	(2) NO	(7) DK (9) REF

CAM_REFL (11.7)	reflexology	(1) YES	(2) NO	(7) DK (9) REF
CAM_YOGA (11.8)	yoga	(1) YES	(2) NO	(7) DK (9) REF
CAM_BR (11.9)	breathing techniques	(1) YES	(2) NO	(7) DK (9) REF
CAM_NATR (11.10)	naturopathy	(1) YES	(2) NO	(7) DK (9) REF

[INTERVIEWER: If respondent does not recognize the term “naturopathy” the response should be no”]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (11.11) Besides the types I have just asked about, has {child’s name} used any other type of alternative care for asthma in the past 12 months?

- (1) YES
- (2) NO [SKIP TO SECTION 12]
- (7) DON’T KNOW [SKIP TO SECTION 12]
- (9) REFUSED [SKIP TO SECTION 12]

CAM_TEXT (11.13) What else has {he/she} used?

[100 ALPHANUMERIC CHARACTER LIMIT]

ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

Section 12. Additional Child Demographics

READ "I have just a few more questions about {child's name}."

HEIGHT1 (12.1) How tall is {child's name}?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

 = Height (ft/inches)
7 7 7 7 = Don't know/Not sure
9 9 9 9 = Refused

CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space.

Examples:

24 inches = 200 (2 feet)	30 inches = 206 (2 feet 6 inches),
36 inches = 300 (3 feet)	40 inches = 304 (3 feet 4 inches),
48 inches = 400 (4 feet)	50 inches = 402 (4 feet 2 inches),
60 inches = 500 (5 feet)	65 inches = 505 (5 feet 5 inches),
6 feet = 600 (6 feet, zero inches)	
5'3" = 503 (5 feet, 3 inches)	

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

WEIGHT1 (12.2) How much does {he/she} weigh?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

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

CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.

[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]]

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

BIRTHW1 (12.3)

How much did {he/she} weigh at birth (in pounds)?

77777
9 9 9 9 9

Weight (pounds/kilograms)
Don't know / Not sure
Refused

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "0"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

[IF BIRTH WEIGHT (12.3) IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND.]

BIRTHRF (12.4)

At birth, did {child's name} weigh less than 5 ½ pounds?

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 - xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again.

Appendix A: Language for Identifying Most Knowledgeable Person during the BRFSS interview

Consent scripts for use during BRFSS 2008 Child asthma module when the most knowledgeable adult is identified during the BRFSS interview.

Child asthma module:

If BRFSS respondent indicates that the randomly selected child has ever had asthma (CASTHDX2 = 1 “yes”) and the BRFSS adult never had asthma then arrange for a call-back interview. If both the BRFSS adult and the randomly selected child both have asthma the child is randomly selected for the call-back 50% of the time.

Only respondents who are the parent/guardian of the selected child with asthma are eligible for the child asthma call-back interview. This is required because the parent/guardian must give permission to collect information about the child even if the information is being given by someone else. (RCSRELN1 = 1, 3)

READ: We would like to call again within the next 2 weeks to talk in more detail about your child’s experiences with asthma. The information will be used to help develop and improve the asthma programs in {state name}.

ADULTPERM

Would it be all right if we call back at a later time to ask additional questions about your child’s asthma?

- (1) Yes
- (2) No (GO TO BRFSS closing or next module)
- (7) Don’t know/Not Sure (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

CHILDName

Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, etc.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, etc.) from child selection module]

Enter child’s first name, initials or nickname: _____

ADULTName

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

Enter respondent’s first name, initials or nickname: _____

MOSTKNOW

Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?

- (1) Yes [CATI SET MKPName = ADULTName]
- (2) No (GO TO ALTName)
- (7) Don't know/Not Sure (GO TO ALTName)
- (9) Refused (GO TO ALTName)

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

Enter day/time: _____

READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

[If state requires active linking consent continue, if not, go to BRFSS closing or next module]

LINKING CONSENT

READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

PERMISS: May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)
- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

ALTName Can I please have the first name, initials or nickname of the person who knows the most about {CHILDName}'s asthma so we will know who to ask for when we call back?

Alternate's Name: _____
[CATI SET MKPName = ALTName]

ALTCBTime:

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: The information you gave us today and that {ALTName} will give us when we call back will be kept confidential. We will keep their name and phone number, and your child's name on file, separate from the answers collected today. Even though you agreed today, {ALTName} may refuse to participate in the future.

[If state requires linking consent, continue; if not, go to BRFSS closing or next module]

LINKING CONSENT

READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

PERMISS: May we combine your answers from today with the answers *{ALTName}* gives us during the interview about your child's asthma?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)

- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

Introduction and consent sections for use during the Child Asthma Call-Back when the most knowledgeable adult is identified during the BRFSS interview:

[CATI: CHILDName, ADULTName, ALTName, MKPName, CASTHDX2, and CASTHNO2, RCSGENDR, calculated child's age, are from the BRFSS child asthma module and must be carried to the asthma call-back]

[CATI: BRFSS Respondent's SEX also should be carried to the Asthma call-back]

[CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.1 Are you {MKPName}?

1. Yes (GO TO 1.5)
2. No

1.2 May I speak with {MKPName }?

1. Yes (GO TO 1.4 when person comes to phone)
2. Person not available

1.3 When would be a good time to call back and speak with {MKPName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: Thank you we will call again later to speak with {MKPName}.

[CATI: Start over at introduction at next call.]

1.4 Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about

{CHILDName}'s asthma and said that you knew the most about that child's asthma.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s health and said that you knew the most about that child's health.

GO TO SECTION 2

1.5 During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s asthma and said that you knew the most about that child's asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview {"you" if MKPName=ADULTName OR "ADULTName" if MKPName=ALTName} gave us permission to call again to ask some questions about {CHILDName}'s health and said that you knew the most about that child's health.

GO TO SECTION 2

Section 2. Informed Consent

INFORMED CONSENT

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

{CHILDName} was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey.

[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

READ: The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {CHILDName} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

[IF YES, READ: (IF NO, Go to REPEAT (2.0)]

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to section 3]

[If responses for sample child were “yes” (1) to CASTHDX2 and “yes” (1) to CASTHNO2 in core BRFS survey:]

READ: Answers to the asthma questions in the earlier survey indicated that a doctor or other health professional said that {CHILDName} had asthma sometime in his or her life, and that {CHILDName} still has asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since {CHILDName} has asthma now, your interview will last about 15 minutes. [Go to section 3]

REPEAT (2.0)

READ: I would like to repeat the questions from the previous survey now to make sure {CHILDName} qualifies for this study.

EVER_ASTH (2.1) Have you ever been told by a doctor or other health professional that {CHILDName} had asthma?

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) Does {he/she} still have asthma?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

RELATION (2.3) What is your relationship to {CHILDName}?

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED
- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4) Are you the legal guardian for {CHILDName}?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: {*CHILDName*} does qualify for this study, I'd like to continue unless you have any questions.

[If YES to 2.2 read:]

Since {*CHILDName*} does have asthma now, your interview will last about 15 minutes. [Go to section 3]

[If NO to 2.2 read:]

Since {*CHILDName*} does not have asthma now, your interview will last about 5 minutes. [Go to section 3]

[If Don't know or refused to 2.2 read:]

Since you are not sure if {*CHILDName*} has asthma now, your interview will probably last about 10 minutes. [Go to section 3]

TERMINATE:

Upon survey termination, **READ:**

I'm sorry {*CHILDName*} does not qualify for this study. I'd like to thank you on behalf of the {*STATE*} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {*1-800-xxx-xxxx*}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {*1-800-xxx-xxxx*}. Thanks again. Goodbye.

Appendix B: Language for Identifying Most Knowledgeable Person at the Call-back

Consent scripts for use during BRFSS 2008 Child asthma module when the most knowledgeable adult is identified at the call-back interview.

Child asthma module:

If BRFSS respondent indicates that the randomly selected child has ever had asthma then arrange for a call-back interview.

Only respondents who are the parent/guardian of the selected child with asthma are eligible for the child asthma call-back interview. This is required because the parent/guardian must give permission to collect information about the child even if the information is being given by someone else.

CATI: (RCSRELN1 = 1 or 3 and CASTHDX2 = 1 “yes”)

READ: We would like to call again within the next 2 weeks to talk in more detail about your child’s experiences with asthma. The information will be used to help develop and improve the asthma programs in {state name}.

ADULTPERM

Would it be all right if we call back at a later time to ask additional questions about your child’s asthma?

- (1) Yes
- (2) No (GO TO BRFSS closing or next module)
- (7) Don’t know/Not Sure (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

CHILDName

Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {#} year old child which is the {FIRST CHILD, SECOND, ETC.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (FIRST, SECOND, ETC.) from child selection module]

Enter child’s first name, initials or nickname: _____

ADULTName

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

Enter respondent’s first name, initials or nickname: _____

CBTIME:

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

Enter day/time: _____

READ: The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

[CATI: If state requires active linking consent continue, if not, go to BRFSS closing or next module]

LINKING CONSENT

READ: Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

PERMISS: May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks?

- (1) Yes (GO TO BRFSS closing or next module)
- (2) No (GO TO BRFSS closing or next module)

- (7) Don't Know (GO TO BRFSS closing or next module)
- (9) Refused (GO TO BRFSS closing or next module)

Introduction and consent sections for use during the Child Asthma Call-Back when the most knowledgeable adult is identified at call-back interview:

[CATI: CHILDName, ADULTName, ALTName, MKPName, CASTHDX2, and CASTHNO2, RCSGENDR, calculated child's age, are from the BRFSS child asthma module and must be carried to the asthma call-back]

[CATI: BRFSS Respondent's SEX also should be carried to the Asthma call-back]

[CATI: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult parent/guardian of child with asthma:

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.1 Are you {ADULTName}?

- (1) Yes (go to 1.5 READ)
- (2) No

1.2 May I speak with {ADULTName}?

- (1) Yes (go to 1.4 READ when person comes to phone)
- (2) Person not available

1.3 When would be a good time to call back and speak with {ADULTName}. For example, evenings, days, weekends?

Enter day/time: _____

READ: Thank you we will call again later to speak with {ADULTName}.

[CATI: Start over at introduction at next call.]

ADULTName comes to the phone:

1.4 READ: Hello, my name is _____. I'm calling on behalf of the {STATE} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. (GO TO 1.5)

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the {STATE} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.5 READ: During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview you gave us permission to call again to ask some questions about {CHILDName}'s health.

KNOWMOST: **Are you the parent or guardian in the household who knows the most about {CHILDName}'s asthma?**

- (1) YES (GO TO SECTION 2: Informed consent)
- (2) NO

- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

ALTPRESENT: **If the parent or guardian who knows the most about {CHILDName}'s asthma is present, may I speak with that person now?**

- (1) YES [respondent transfers phone to alternate] GO TO READ ALTERNATE ADULT:
- (2) Person is not available

- (7) DON'T KNOW/NOT SURE [GO TO TERMINATE]
- (9) REFUSED [GO TO TERMINATE]

ALTName **Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?**

Alternate's Name: _____

ALTCBTime:

When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: _____ [CATI: AT NEXT CALL START AT 1.6]

READ ALTERNATE ADULT:

Hello, my name is _____. I'm calling on behalf of the {STATE} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {ADULTName} indicated {he/she} would be willing to participate in

this study about *{CHILDName}*'s asthma. *{ADULTName}* has now indicated that you are more knowledgeable about *{CHILDName}*'s asthma. It would be better if you would complete this interview. **{Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}**

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.6 Hello, my name is _____ . I'm calling on behalf of the *{STATE NAME}* state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I'm calling on behalf of the *{STATE NAME}* state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state.

1.7 Are you *{ALTName}*?

- (1) Yes (go to 1.10 READ ALT 1)
- (2) No

1.8 May I speak with *{ALTName}*?

- (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
- (2) Person not available

1.9 When would be a good time to call back and speak with *{ALTName}*. For example, evenings, days, weekends?

Enter day/time: _____

READ: **Thank you we will call again later to speak with *{ALTName}*.**

[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

During a recent phone interview *{ADULTName}* indicated *{CHILDName}* had asthma and that you were more knowledgeable about *{his/her}* asthma. It would be better if you would complete this interview about *{CHILDName}*.

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.11 READ ALT 2:

Hello, my name is _____. I'm calling on behalf of the {STATE} health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

Section 2. Informed Consent

INFORMED CONSENT

READ: Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions

{CHILDName} was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey.

[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

READ: The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {CHILDName} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

[IF YES, READ:) (IF NO, Go to REPEAT (2.0)]

Since {CHILDName} no longer has asthma, your interview will be very brief (about 5 minutes). [Go to section 3]

[If responses for sample child were "yes" (1) CASTHDX2 to and "yes" (1) to CASTHNO2 in core BRFSS survey:]

READ: Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {CHILDName} had asthma sometime in his or her life, and that {CHILDName} still has asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since {child's name} has asthma now, your interview will last about 15 minutes. [Go to section 3]

REPEAT (2.0)

I would like to repeat the questions from the previous survey now to make sure {CHILDName} qualifies for this study.

EVER_ASTH (2.1) **Have you ever been told by a doctor or other health professional that {CHILDName} had asthma?**

- (1) YES
- (2) NO [Go to TERMINATE]
- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) **Does {he/she} still have asthma?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

RELATION (2.3) **What is your relationship to {CHILDName}?**

- (1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]
- (3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
- (4) GRANDPARENT (FATHER/MOTHER)
- (5) OTHER RELATIVE
- (6) UNRELATED

- (7) DON'T KNOW
- (9) REFUSED

GUARDIAN (2.4) **Are you the legal guardian for {CHILDName}?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

READ: {CHILDName} does qualify for this study.

[If YES to 2.2 read:]

Since {CHILDName} does have asthma now, your interview will last about 15 minutes. [Go to section 3]

[If NO to 2.2 read:]

Since {CHILDName} does not have asthma now, your interview will last about 5 minutes. [Go to section 3]

[If Don't know or refused to 2.2 read:]

Since you are not sure if {CHILDName} has asthma now, your interview will probably last about 10 minutes. [Go to section 3]

TERMINATE:

Upon survey termination, READ:

I'm sorry {*CHILDName*} does not qualify for this study. I'd like to thank you on behalf of the {*STATE*} Health Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at {*1-800-xxx-xxxx*}. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at {*1-800-xxx-xxxx*}. Thanks again. Goodbye.

Appendix C: Coding Notes and Pronunciation Guide

Coding Notes:

- 1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Resp. was misdiagnosed; never had asthma” as a final code and terminate the interview.
- 2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.
- 3) CATI Programmer’s note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If “Other” has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singular	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinator’s upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair	ăd-vâr (or add-vair)
02	Aerobid	â-r ō 'bīd (or air -row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ōl (or al- BYOO -ter-ole) sāl-byū'tā-môl'
04	Alupent	al -u-pent
40	Asmanex (twisthaler)	as-muh -neks twist -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek''lo- meth 'ah-son dī' pro 'pe-o-nāt (or be-kloe- meth -a-son)
08	Beclovent	be' klo-vent" (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
10	Brethaire	breth -air

11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mō-lin (or KROE -moe-lin)
14	Flovent	flow -vent
15	Flovent Rotadisk	flow -vent row -ta-disk
16	<u>Flunisolide</u>	floo- nis 'o-līd (or floo- NISS -oh-lide)
17	<u>Fluticasone</u>	flue- TICK -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
18	Intal	in -tel
19	<u>Ipratropium Bromide</u>	īp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al- BYOU -ter-ohl
20	Maxair	māk -sār
21	<u>Metaproteronol</u>	met'"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
39	<u>Mometasone furoate</u>	moe - MET -a-sonē
22	<u>Nedocromil</u>	ne-DOK-roē-mil
23	<u>Pirbuterol</u>	pēr- bu 'ter-ōl (or peer- BYOO -ter-ole)
41	Pro-Air HFA	proh -air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	pul -ma-cort tur -bo-hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tā-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair -a-vent
42	Symbicort	sim -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- bu 'tah-lēn (or ter- BYOO -ta-leen)
29	Tilade	tie -laid
30	Tornalate	tor -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- sin 'o-lōn as"ē-tō-nīd' (or trye-am- SIN -oh-lone)
32	Vanceril	van -sir-il
33	Ventolin	vent -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred- NISS -oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	<u>Singulair</u>	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

NEB_ID

	Medication	Pronunciation
01	Albuterol	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	ĭp-rah- tro 'pe-um bro'mĭd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ĕ-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>

**BRFSS/ASTHMA SURVEY
ADULT QUESTIONNAIRE - 2008
CATI SPECIFICATIONS**

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CATI Programmers: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Respondent was misdiagnosed; never had asthma” as a final code and terminate the interview.

Section 1. Introduction

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

Hello, my name is _____. I’m calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I’m calling on behalf of the {STATE NAME} health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study.

1.1 Are you {sample person’s name}?

1. Yes (go to informed consent)
2. No

1.2 May I speak with {sample person’s name}?

1. Yes (go to 1.4 when sample person comes to phone)
2. No

If not available set time for return call in 1.3

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I’m calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview you indicated that you had asthma and would be able to complete the follow-up interview on asthma at this time.

ALTERNATE (no reference to asthma):

Hello, my name is _____. I’m calling on behalf of the {STATE NAME} state health department and the Centers for Disease Control and Prevention about a health study we are doing in your state. During a recent phone interview you indicated that you would be able to complete the follow-up interview at this time.

Section 2: Informed Consent

INFORMED CONSENT

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

You were selected to participate in this study about asthma because of your responses to questions in a prior survey.

[If "yes" to lifetime and "no" to still in Core BRFSS survey, read:]

Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. [Go to section 3]

[If "yes" to lifetime and "yes" to still in Core BRFSS survey, read:]

Your answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

(IF YES, READ:) (IF NO, Go to REPEAT (2.0))

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. [Go to section 3]

REPEAT (2.0)

(Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)

Ask:

Is this {sample person's name} and are you {sample person's age} years old?

- 1. Yes [continue to EVER_ASTH (2.1)]**
- 2. No**
 - a. Correct person is available and can come to phone [return to question 1.1]**
 - b. Correct person is not available [return to question 1.3 to set call date/time]**
 - c. Correct person unknown, interview ends [disposition code 306 is assigned]**

EVER_ASTH (2.1)

I would like to repeat the questions from the previous survey now to make

sure you qualify for this study.

Have you ever been told by a doctor or other health professional that you have asthma?

- (1) YES
- (2) NO [Go to TERMINATE]

- (7) DON'T KNOW [Go to TERMINATE]
- (9) REFUSED [Go to TERMINATE]

CUR_ASTH (2.2) Do you still have asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

READ: You do qualify for this study, I'd like to continue unless you have any questions.

You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

[If YES to 2.2 read:]

Since you have asthma now, your interview will last about 15 minutes. **[Go to section 3]**

[If NO to 2.2 read:]

Since you do not have asthma now, your interview will last about 5 minutes. **[Go to section 3]**

[If Don't know or refused to 2.2 read:]

Since you are not sure if you have asthma now, your interview will probably last about 10 minutes. **[Go to section 3]**

Some states may require the following section before going to section 3:

READ: Some of the information that you shared with us when we called you before could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the survey you did a few weeks ago?

- (1) YES (Skip to Section 3)
- (2) NO (GO TO TERMINATE)

- (7) DON'T KNOW (GO TO TERMINATE)
- (9) REFUSED (GO TO TERMINATE)

TERMINATE:

Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health

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CATI Specifications January, 2008*

Department and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 – xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as “211 Sel. Resp. ref. combine ans.” Selected Respondent refused combining responses with BRFSS” and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Section 3. Recent History

AGEDX (3.1) How old were you when you were first told by a doctor or other health professional that you had asthma?

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

_____ (ENTER AGE IN YEARS)
[RANGE CHECK: 001-115, 777, 888, 999]

- (777) DON'T KNOW
- (888) under one year old
- (999) REFUSED

[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]
[CATI CHECK:
IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT
IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]

INCIDNT (3.2) How long ago was that? Was it ..” READ CATEGORIES

- (1) Within the past 12 months
- (2) 1-5 years ago
- (3) more than 5 years ago

- (7) DON'T KNOW
- (9) REFUSED

LAST_MD (3.3) How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in your doctor’s office, the hospital, an emergency room or urgent care center.

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]

- (88) NEVER
- (04) WITHIN THE PAST YEAR
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

LAST_MED (3.4) How long has it been since you last took asthma medication?

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO

- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

INTRODUCTION FOR LASTSYMP:

READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **you do not** have a cold or respiratory infection.

LASTSYMP (3.5) How long has it been since you last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

- (77) DON'T KNOW
- (99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

**IF LASTSYMP = 1, 2, 3 then continue
IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)
IF LASTSYMP = 77, 99 then continue**

SYMP_30D (4.1) During the past 30 days, on how many days did you have any symptoms of asthma?

____ DAYS
[RANGE CHECK: (01-30, 77, 88, 99)]

CLARIFICATION: [1-29, 77, 99] [SKIP TO 4.3 ASLEEP30]

(88) NO SYMPTOMS IN THE PAST 30 DAYS [SKIP TO EPIS_INT]
(30) EVERY DAY [CONTINUE]

(77) DON'T KNOW [SKIP TO 4.3 ASLEEP30]
(99) REFUSED [SKIP TO 4.3 ASLEEP30]

DUR_30D (4.2) Do you have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASLEEP30 (4.3) During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

____ DAYS/NIGHTS
[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE
(30) EVERY DAY (Added 1/24/08)

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)

During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

____ Number of days
[RANGE CHECK: (01-14, 77, 88, 99)]

- (88) NONE
- (77) DON'T KNOW
- (99) REFUSED

EPIS_INT

IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS (LASTSYMP (3.5) = 1, 2 OR 3) CONTINUE HERE AS WELL

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5)
attack?

During the past 12 months, have you had an episode of asthma or an asthma

- (1) YES
- (2) NO [SKIP TO INS1 (section 5)]
- (7) DON'T KNOW [SKIP TO INS1 (section 5)]
- (9) REFUSED [SKIP TO INS1 (section 5)]

EPIS_TP (4.6) During the past three months, how many asthma episodes or attacks have you had?

[RANGE CHECK: (001-100, 777, 888, 999)]

- (888) NONE
- (777) DON'T KNOW
- (999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7) How long did your MOST RECENT asthma episode or attack last?

- 1__ Minutes
- 2__ Hours
- 3__ Days
- 4__ Weeks
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up
If answer is #.01 to #.49 ignore fractional part
ex. 1.5 should be recorded as 2
1.25 should be recorded as 1

COMPASTH (4.8) Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

- (1) SHORTER
- (2) LONGER
- (3) ABOUT THE SAME
- (4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK

- (7) DON'T KNOW
- (9) REFUSED

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- | | |
|----------------|--------------------|
| (1) YES | [continue] |
| (2) NO | [SKIP TO NER_TIME] |
| (7) DON'T KNOW | [SKIP TO NER_TIME] |
| (9) REFUSED | [SKIP TO NER_TIME] |

INS2 (5.02) During the past 12 months was there any time that you did not have any health insurance or coverage?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" (88) OR "MORE THAN ONE YEAR AGO" (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST_MD (3.3)), TAKING ASTHMA MEDICATION (LAST_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

**IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)
AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above "if" statement can also be restated in different words as:

**IF BRFSS core value for 9.2, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)
AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)**

THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes), continue with Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

**IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
(LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
THEN SKIP TO Section 6; otherwise continue with Section 5.**

The above “if” statement can also be restated in different words as:

*IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
((LAST_MD = 4) OR
(LAST_MED = 1, 2, 3 or 4) OR
(LASTSYMP = 1, 2, 3 or 4)
THEN Continue with Section 5; otherwise skip to Section 6)*

IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

NER_TIME (5.1) [IF LAST_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS_DAY]

During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?

_____ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

ER_VISIT (5.2)

An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma?

(1) YES

(2) NO

[SKIP TO URG_TIME]

(7) DON'T KNOW

[SKIP TO URG_TIME]

(9) REFUSED

[SKIP TO URG_TIME]

ER_TIMES (5.3)

During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

____ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.4)

[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]

During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

____ ENTER NUMBER

[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND

999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

HOSP_VST (5.5)

[IF LASTSYMP ≥ 5 AND ≤ 7 , SKIP TO MISS_DAY
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]

During the past 12 months, that is since [1 YEAR AGO TODAY], have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room.

- (1) YES
- (2) NO [SKIP TO MISS_DAY]
- (7) DON'T KNOW [SKIP TO MISS_DAY]
- (9) REFUSED [SKIP TO MISS_DAY]

HOSPTIME (5.6A)

During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?

___ TIMES
[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

- (777) DON'T KNOW
 - (999) REFUSED
- [CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO "NO"]

HOSPPLAN (5.7)

The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".]

MISS_DAY (5.8A)

During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

[INTERVIEWER: If response is, "I don't work", emphasize USUAL ACTIVITIES"]

____ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

ACT_DAYS (5.9)

During the past 12 months, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

(7) DON'T KNOW

(9) REFUSED

Section 6. Knowledge of Asthma/Management Plan

TCH_SIGN (6.1)

Has a doctor or other health professional ever taught you...

a. How to recognize early signs or symptoms of an asthma episode?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

TCH_RESP (6.2)

Has a doctor or other health professional ever taught you...

b. What to do during an asthma episode or attack?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

TCH_MON (6.3)

A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you...

c. How to use a peak flow meter to adjust your daily medications?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_PLAN (6.4)

An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

MGT_CLAS (6.5)

Have you ever taken a course or class on how to manage your asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 7. Modifications to Environment

HH_INT **READ:** The following questions are about your household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1) **An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.**

Is an air cleaner or purifier regularly used inside your home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

DEHUMID (7.2) **A dehumidifier is a small, portable appliance which removes moisture from the air.**

Is a dehumidifier regularly used to reduce moisture inside your home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

KITC_FAN (7.3) **Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

COOK_GAS (7.4) **Is gas used for cooking?**

- (1) Yes
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_MOLD (7.5) **In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ENV_PETS (7.6) Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

- (1) YES
- (2) NO (SKIP TO 7.8)
- (7) DON'T KNOW (SKIP TO 7.8)
- (9) REFUSED (SKIP TO 7.8)

PETBEDRM (7.7) Are pets allowed in your bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

- (1) YES
- (2) NO
- (3) SOME ARE/SOME AREN'T
- (7) DON'T KNOW
- (9) REFUSED

C_ROACH (7.8) In the past 30 days, has anyone seen a cockroach inside your home?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

C_RODENT (7.9) In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: Studies have shown that rodents may be a cause of asthma.

WOOD_STOVE (7.10) Is a wood burning fireplace or wood burning stove used in your home?

- (1) YES
- (2) NO
- (7) DON'T KNOW

(9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS “YES”.

GAS_STOVE (7.11) **Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

HELP SCREEN: “Unvented” means no chimney or the chimney flue is kept closed during operation.

S_INSIDE (7.12) **In the past week, has anyone smoked inside your home?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

HELP SCREEN: “The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc.”

MOD_ENV (7.13) **INTERVIEWER READ:** Now, back to questions specifically about you.

Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14) **Do you use a mattress cover that is made especially for controlling dust mites?**

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

E_PILLOW (7.15) Do you use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

CARPET (7.16) Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

HOTWATER (7.17) Are your sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT

- DO NOT READ**
- (4) VARIES

- (7) DON'T KNOW
- (9) REFUSED

BATH_FAN (7.18) In your bathroom, do you regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"

- (7) DON'T KNOW
- (9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1) [IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.

Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

INHALERE (8.2) Have you ever used a prescription inhaler?

- (1) YES
- (2) NO [SKIP TO SCR_MED1]

- (7) DON'T KNOW [SKIP TO SCR_MED1]
- (9) REFUSED [SKIP TO SCR_MED1]

INHALERH (8.3) Did a doctor or other health professional show you how to use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4) Did a doctor or other health professional watch you use the inhaler?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

SCR_MED1 (8.5) [IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)

Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get your medicines so you can read the labels.
Can you please go get the asthma medicines while I wait on the phone?

- (1) YES
- (2) NO [SKIP TO INH_SCR]
- (3) RESPONDENT KNOWS THE MEDS [SKIP TO INH_SCR]
- (7) DON'T KNOW [SKIP TO INH_SCR]
- (9) REFUSED [SKIP TO INH_SCR]

SCR_MED3 (8.7) [when Respondent returns to phone:] Do you have all the medications?

[INTERVIEWER: Read if necessary]

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO
- (7) DON'T KNOW
- (9) REFUSED

INH_SCR (8.8)
inhaler?

[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]
In the past 3 months have you taken prescription asthma medicine using an

- (1) YES
- (2) NO [SKIP TO PILLS]
- (7) DON'T KNOW [SKIP TO PILLS]
- (9) REFUSED [SKIP TO PILLS]

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; **however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file)**. When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did you take by inhaler? [MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO

SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications for 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
02	Aerobid	â-rô'bîd (or air-row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ôl (or al-BYOO-ter-ole) sâl-byū'tă-môl'
04	Alupent	al-u-pent
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az-ma-cort
07	<u>Beclomethasone dipropionate</u>	bek''lo-meth'ah-son dî' pro'pe-o-năt (or be-kloe-meth-a-son)
08	Beclovent	be' klo-vent'' (or be-klo-vent)
09	<u>Bitolterol</u>	bi-tôl'ter-ôl (or bye-tole-ter-ole)
10	Brethaire	breth-air
11	<u>Budesonide</u>	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	<u>Cromolyn</u>	kro'mô-lin (or KROE-moe-lin)
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-lîd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	<u>Formoterol</u>	for moh' te rol
18	Intal	in-tel
19	<u>Ipratropium Bromide</u>	îp-rah-tro'pe-um bro'mîd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	<u>Metaproteronol</u>	met''ah-pro-ter'ë-nôl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-son
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ôl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro''ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	pul-ma-cort tur-bo-hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sâl-byū'tă-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair-a-vent
42	Symbicort	sim-buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lên (or ter-BYOO-ta-leen)
29	Tilade	tîe-laid
30	Tornalate	tor-na-late
31	<u>Triamcinolone acetonide</u>	tri''am-sin'o-lôn as''ë-tô-nîd' (or trye-am-SIN-oh-lone)
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	ZOH-pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP01]

(88) NO PRESCRIPTION INHALERS [SKIP TO PILLS]

(77) DON'T KNOW [SKIP TO PILLS]

(99) REFUSED [SKIP TO PILLS]

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

**OTH_11 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS
ON ONE LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure
one of the medication names above was not entered. If the medication entered is on
the list above, then an error message should be shown.**

[LOOP BACK TO ILP01 AS NECESSARY TO ADMINISTER QUESTIONS ILP01 THRU ILP10
FOR EACH MEDICINE 01 – 42 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP01 THROUGH
ILP10]

[IF {MEDICINE FROM INH_MEDS SERIES} IS 03, 04, 21, 24, OR 33 ASK ILP01 ELSE SKIP TO
ILP02]

**ILP01 (8.11) Are there 80, 100, or 200 puffs in the [MEDICINE FROM INH_MEDS SERIES]
inhaler that you use?**

**[INTERVIEWER: A puff is a single inhalation or a single dose. Inhalers sometimes
say “100 metered doses”. Instructions are to use 2-3 inhalations (doses, puffs) each time.
The 80 puff canister may say 6.8 g. The 100 puff canister may say 9 g and the 200 puff
canister may say 17 g. or 18 g. depending on the brand being used. If it says 90 mcg
(micrograms) it is referring to the individual puff, not the size of the canister.]**

- (1) 80 PUFFS
- (2) 100 PUFFS
- (3) 200 PUFFS
- (4) Other number of puffs
- (5) USED DIFFERENT SIZES OF THIS MEDICATION IN PAST 3 MONTHS

(7) DON'T KNOW

(9) REFUSED

**ILP02 (8.12) How long have you been taking [MEDICINE FROM INH_MEDS SERIES]? Would
you say less than 6 months, 6 months to 1 year, or longer than 1 year?**

- (1) Less than 6 months
- (2) 6 months to 1 year
- (3) Longer than 1 year

(7) DON'T KNOW
(9) REFUSED
IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) SKIP TO 8.14

ILP03 (8.13) A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [MEDICINE FROM INH_MEDS SERIES]?

- (1) YES
- (2) NO
- (3) Medication is a disk inhaler not a canister inhaler

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]

[HELP SCREEN: The response category 3 (disk not canister) is primarily intended for medications Serevent (27), Salmeterol (26) and Flovent (14) which are known to come in disk type inhalers (which do not use a spacer). However, new medications may come on the market that will need this category so it can be used for other than 14, 26, and 27.]

ILP04 (8.14) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] when you had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

ILP05 (8.15) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

ILP06 (8.16) In the past 3 months, did you take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO

- (7) DON'T KNOW

(9) REFUSED

ILP07 (8.17) On average, how many puffs do you take each time you use [MEDICINE FROM INH_MEDS SERIES]?

___ PUFFS EACH TIME
[RANGE CHECK: (01-76, 77, 99)]

(77) DON'T KNOW
(99) REFUSED

INTERVIEWER: PROBE FOR NUMBER OF PUFFS IF RANGE IS GIVEN.

ILP08 (8.18) How many times per day or per week do you use [MEDICINE FROM INH_MEDS SERIES]?

3 __ Times per DAY [RANGE CHECK: (>10)]
4 __ Times per WEEK [RANGE CHECK: (>75)]
5 5 5 Never
6 6 6 LESS OFTEN THAN ONCE A WEEK

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

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]

ILP10 (8.19) How many canisters of [MEDICINE FROM INH_MEDS SERIES] have you used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

(77) DON'T KNOW
(88) NONE
(99) REFUSED

[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20)

In the past 3 months, have you taken any prescription medicine in pill form for your asthma?

(1) YES

(2) NO

[SKIP TO SYRUP]

(7) DON'T KNOW

(9) REFUSED

[SKIP TO SYRUP]

[SKIP TO SYRUP]

PILLS_MD (8.21)

For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications do you take in pill form?

[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications for 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	Albuterol	ăl'- bu 'ter-ōl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	Montelukast	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	Prednisolone	pred- NISS -oh-lone
19	Prednisone	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	Singulair	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	Theophylline	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmtab	zye -flow film tab
66	Other, please specify	[SKIP TO OTH_P1]

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILLX]

(88) NO PILLS **[SKIP TO SYRUP]**

(77) DON'T KNOW **[SKIP TO SYRUP]**

(99) REFUSED **[SKIP TO SYRUP]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

ENTER OTHER MEDICATION IN TEXT FIELD

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILLX]

PILLX (8.22) How long have you been taking [MEDICATION LISTED IN PILLS_MD]? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year?

- (1) Less than 6 months
- (2) 6 months to 1 year
- (3) Longer than 1 year

- (7) DON'T KNOW
- (9) REFUSED

SYRUP (8.23) In the past 3 months, have you taken any prescription asthma medication in syrup form?

- (1) YES
- (2) NO [SKIP TO NEB_SCR]

- (7) DON'T KNOW [SKIP TO NEB_SCR]
- (9) REFUSED [SKIP TO NEB_SCR]

SYRUP_ID (8.24) For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).

What prescription asthma medications have you taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăil'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- ter 'ě-nōl (or met-a-proc-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

66	Other, Please Specify:	[SKIP TO OTH_S1]
----	------------------------	------------------

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

- | | |
|-----------------|-------------------|
| (88) NO SYRUPS | [SKIP TO NEB_SCR] |
| (77) DON'T KNOW | [SKIP TO NEB_SCR] |
| (99) REFUSED | [SKIP TO NEB_SCR] |

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

**ENTER OTHER MEDICATION.
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS
ON ONE LINE.**

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8.25) Read: A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your prescription asthma medicines used with a nebulizer?

- | | |
|----------------|---------------------|
| (1) YES | |
| (2) NO | [SKIP TO Section 9] |
| (7) DON'T KNOW | [SKIP TO Section 9] |
| (9) REFUSED | [SKIP TO Section 9] |

**NEB_PLC (8.26) I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no.
In the past 3 months did you use a nebulizer...**

- | | |
|----------------|---|
| (8.26a) | AT HOME
(1) YES (2) NO (7) DK (9) REF |
| (8.26b) | AT A DOCTOR'S OFFICE
(1) YES (2) NO (7) DK (9) REF |
| (8.26c) | IN AN EMERGENCY ROOM
(1) YES (2) NO (7) DK (9) REF |
| (8.26d) | AT WORK OR AT SCHOOL
(1) YES (2) NO (7) DK (9) REF |
| (8.26e) | AT ANY OTHER PLACE
(1) YES (2) NO (7) DK (9) REF |

NEB_ID (8.27) For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in

the data file).

In the past 3 months, what prescriptions asthma medications have you taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	ĭp-rah- tro 'pe-um bro'mīd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	[SKIP TO OTH_N1]

- (88) NO Nebulizers [SKIP TO Section 9]
- (77) DON'T KNOW [SKIP TO Section 9]
- (99) REFUSED [SKIP TO Section 9]

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]
 ENTER OTHER MEDICATION
 IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS
 ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

Section 9. Cost of Care

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes), continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to Section 10

IF CUR_ASTH (2.2) = 1 (Yes) continue.

ASMDCOST (9.1) Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASSPCOST (9.2) Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

ASRXCOST (9.3) Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 10. Work Related Asthma

EMP_STAT (10.1)

Next, we are interested in things that affect asthma in the workplace. However, first I'd like to ask how you would describe your current employment status? Would you say ...

[INTERVIEWER: Include self employed as employed. Full time is 40+ hours.]

- | | |
|------------------------|-----------------------------------|
| (1) Employed full-time | [SKIP TO WORKENV1] |
| (2) Employed part-time | [SKIP TO WORKENV1] |
| (3) Not employed | |
| (7) DON'T KNOW | [SKIP TO EMPL_EVER (10.3)] |
| (9) REFUSED | [SKIP TO EMPL_EVER (10.3)] |

UNEMP_R (10.2)

What is the main reason you are not now employed?

- (01) KEEPING HOUSE
- (02) GOING TO SCHOOL
- (03) RETIRED
- (04) DISABLED
- (05) UNABLE TO WORK FOR OTHER HEALTH REASONS
- (06) LOOKING FOR WORK
- (07) LAID OFF
- (08) OTHER

- (77) DON'T KNOW
- (99) REFUSED

EMP_EVER (10.3)

Have you ever been employed outside the home?

- | | |
|----------------|-----------------------------|
| (1) YES | [SKIP TO WORKENV3] |
| (2) NO | [SKIP TO SECTION 11] |
| (7) DON'T KNOW | [SKIP TO SECTION 11] |
| (9) REFUSED | [SKIP TO SECTION 11] |

WORKENV1 (10.4) Was your asthma CAUSED by chemicals, smoke, fumes or dust in your CURRENT job?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: THE INTENT HERE IS TO INCLUDE CONDITIONS BOTH SPECIFIC TO THE JOB AND ALSO TO INCLUDE THINGS THAT HAPPEN AT WORK. FOR EXAMPLE, FLOUR DUST IN A BAKERY, AND ALSO NORMAL DUST IN AN OFFICE; FUMES FROM PAINT IN A PAINT MANUFACTURING COMPANY, AND ALSO PAINT FUMES FROM REPAINTING AN OFFICE; SMOKE FROM A MANUFACTURING PROCESS AND ALSO SMOKE FROM A COWORKER'S CIGARETTE]

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to 10.6

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to 10.6

IF CUR_ASTH (2.2) = 1 (Yes) continue.

WORKENV2 (10.5) Is your asthma MADE WORSE by chemicals, smoke, fumes or dust in your CURRENT job?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[IF WORKENV1 (10.4) = 1 (yes) skip to WORKSEN1]

WORKENV3 (10.6) Was your asthma CAUSED by chemicals, smoke, fumes or dust in any

PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKENV4 (10.7) Was your asthma MADE WORSE by chemicals, smoke, fumes or dust in any PREVIOUS job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**[ASK 10.75 ONLY IF:
WORKENV3 (10.6) = 1 (YES) OR
WORKENV4 (10.7) = 1 (YES)
OTHERWISE SKIP TO [WORKSEN1 \(10.8\)](#)]**

WORKQUIT (10.75) Did you ever change or quit a job because chemicals, smoke, fumes, or dust caused your asthma or made your asthma worse?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKSEN1 (10.8) Were you ever told by a doctor or other health professional that your asthma was related to any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

WORKSEN2 (10.9) Did you ever tell a doctor or other health professional that your asthma was related to any job you ever had?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 11. Comorbid Conditions

We have just a few more questions. Besides asthma we are interested in some other medical conditions you may have.

COPD (11.1) Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease also known as COPD?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

EMPHY (11.2) Have you ever been told by a doctor or other health professional that you have emphysema?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

BRONCH (11.3) Have you ever been told by a doctor or other health professional that you have Chronic Bronchitis?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: Chronic Bronchitis is repeated attacks of bronchitis over a long period of time. Chronic Bronchitis is not the type of bronchitis you might get occasionally with a cold.]

DEPRESS (11.4) Have you ever been told by a doctor or other health professional that you were depressed?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

Section 12. Complimentary and Alternative Therapy

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS 9.2) value is correct then the value from the BRFSS core question (BRFSS 9.2) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for 9.2, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) skip to CWEND

IF BRFSS core value for 9.2, “Do you still have asthma?” = 1 (Yes) continue.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) skip to CWEND

IF CUR_ASTH (2.2) = 1 (Yes) continue.

READ: Sometimes people use methods other than prescription medications to help treat or control their asthma. These methods are called non-traditional, complementary, or alternative health care. I am going to read a list of these alternative methods. For each one I mention, please answer “yes” if you have used it to control your own asthma in the past 12 months. Answer “no” if you have not used it in the past 12 months.

**In the past 12 months, have you used ... to control your asthma?
[interviewer: repeat prior phrasing as needed]**

CAM_HERB (12.1)	herbs	(1) YES	(2) NO	(7) DK	(9) REF
CAM_VITA (12.2)	vitamins	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PUNC (12.3)	acupuncture	(1) YES	(2) NO	(7) DK	(9) REF
CAM_PRES (12.4)	acupressure	(1) YES	(2) NO	(7) DK	(9) REF
CAM_AROM (12.5)	aromatherapy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_HOME (12.6)	homeopathy	(1) YES	(2) NO	(7) DK	(9) REF
CAM_REFL (12.7)	reflexology	(1) YES	(2) NO	(7) DK	(9) REF
CAM_YOGA (12.8)	yoga	(1) YES	(2) NO	(7) DK	(9) REF

CAM_BR (12.9) breathing techniques (1) YES (2) NO (7) DK (9) REF

CAM_NATR (12.10) naturopathy (1) YES (2) NO (7) DK (9) REF

[INTERVIEWER: If respondent does not recognize the term “naturopathy” the response should be no”]

[HELP SCREEN: Naturopathy (nay-chur-o-PATH-ee) is an alternative treatment based on the principle that there is a healing power in the body that establishes, maintains, and restores health. Naturopaths prescribe treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and treatments from traditional Chinese medicine.]

CAM_OTHR (12.11) Besides the types I have just asked about, have you used any other type of alternative care for your asthma in the past 12 months?

(1) YES

(2) NO

[SKIP TO CWEND]

(7) DON'T KNOW

[SKIP TO CWEND]

(9) REFUSED

[SKIP TO CWEND]

CAM_TEXT (12.13) What else have you used?

[100 ALPHANUMERIC CHARACTER LIMIT]

ENTER OTHER ALTERNATIVE MEDICINE IN TEXT FIELD
IF MORE THAN ONE IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CWEND

Those are all the questions I have. I'd like to thank you on behalf of the {STATE NAME} Health Department and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 – xxx-xxx-xxxx. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-xxx-xxxx. Thanks again.

Appendix A: Coding Notes and Pronunciation Guide

Coding Notes:

1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code “470 Resp. was misdiagnosed; never had asthma” as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer’s note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If “Other” has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanax or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators’ upload/download site.

INH_MEDS

	Medication	Pronunciation
01	Advair	ăd-vâr (or add -vair)
02	Aerobid	â-rô'bîd (or air -row-bid)
03	Albuterol (+ A. sulfate or salbutamol)	ăl'- bu 'ter-ôl (or al- BYOO -ter-ole) sâl-byû'tə-môl'
04	Alupent	al -u-pent
40	Asmanex (twisthaler)	as -muh-neks twist -hey-ler
05	Atrovent	At-ro-vent
06	Azmacort	az -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo- meth 'ah-son dî' pro 'pe-o-nāt (or be-kloe- meth -a-son)
08	Beclovent	be' klo-vent" (or be -klo-vent)
09	<u>Bitolterol</u>	bi-tôl'ter-ôl (or bye- tole -ter-ole)
10	Brethaire	breth -air
11	<u>Budesonide</u>	byoo- des -oh-nide
12	Combivent	com -bi-vent
13	<u>Cromolyn</u>	kro 'mô-lin (or KROE -moe-lin)

14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	<u>Flunisolide</u>	floo-nis'o-līd (or floo-NISS-oh-lide)
17	<u>Fluticasone</u>	flue-TICK-uh-zone
34	Foradil	<i>FOUR-a-dil</i>
35	<u>Formoterol</u>	for moh' te rol
18	Intal	in-tel
19	<u>Ipratropium Bromide</u>	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	<u>Levalbuterol tartrate</u>	lev-al-BYOU-ter-ohl
20	Maxair	māk-sâr
21	<u>Metaproteronol</u>	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
39	<u>Mometasone furoate</u>	moe-MET-a-sonē
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Turbuhaler	pul-ma-cort tur-bo-hail-er
36	QVAR	q -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-mōl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	Serevent	Sair-a-vent
42	Symbicort	sim-buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
29	Tilade	tie-laid
30	Tornalate	tor-na-late
31	<u>Triamcinolone acetone</u>	tri"am-sin'o-lōn as"ě-tō-nīd' (or trye-am-SIN-oh-lone)
32	Vanceril	van-sir-il
33	Ventolin	vent-o-lin
38	Xopenex HFA	<i>ZOH-pen-ecks</i>

PILLS_MED

	Medication	Pronunciation
01	Accolate	ac -o-late
02	Aerolate	air -o-late
03	<u>Albuterol</u>	ăl'- bu 'ter-ŏl (or al- BYOO -ter-all)
04	Alupent	al -u-pent
49	Brethine	breth-eeen
05	Choledyl (oxtriphylline)	ko -led-il
07	Deltasone	del -ta-sone
08	Elixophyllin	e-licks- o -fil-in
11	Medrol	Med -rol
12	Metaprel	Met -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- ter 'ē-nŏl (or met-a-proe- TER -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- niss -oh-lone (or meth-il-pred- NIS -oh-lone)
15	<u>Montelukast</u>	mont-e- lu -cast
17	Pediapred	Pee- dee -a-pred
18	<u>Prednisolone</u>	pred- NISS -oh-lone
19	<u>Prednisone</u>	PRED-ni-sone
21	Proventil	pro- ven -til
23	Respid	res -pid
24	<u>Singulair</u>	sing -u-lair
25	Slo-phyllin	slow - fil-in
26	Slo-bid	slow -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	thee -o-24
30	Theochron	thee -o-kron
31	Theoclear	thee -o-clear
32	Theodur	thee -o-dur
33	Theo-Dur	thee -o-dur
35	<u>Theophylline</u>	thee- OFF -i-lin
37	Theospan	thee -o-span
40	T-Phyl	t -fil
42	Uniphyl	u -ni-fil
43	Ventolin	vent -o-lin
44	Volmax	vole -max
45	<u>Zafirlukast</u>	za- FIR -loo-kast
46	Zileuton	zye- loo -ton
47	Zyflo Filmstab	zye -flow film tab

SYRUP_ID

	Medication	Pronunciation
01	Aerolate	air -o-late
02	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	al -u-pent
04	<u>Metaproteronol</u>	met''ah-pro- ter 'ĕ-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	pre -loan
07	Proventil	Pro- ven -til
08	Slo-Phyllin	slow -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	vent -o-lin

NEB_ID

	Medication	Pronunciation
01	<u>Albuterol</u>	ăl'- bu 'ter-ōl (or al-BYOO-ter-ole)
02	Alupent	al -u-pent
03	Atrovent	At-ro-vent
04	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- tole -ter-ole)
05	<u>Budesonide</u>	byoo- des -oh-nide
06	<u>Cromolyn</u>	kro 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	in -tel
09	<u>Ipratropium bromide</u>	ĭp-rah- tro 'pe-um bro'mĭd (or ip-ra- TROE -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met''ah-pro- ter 'ĕ-nōl (or met-a-proe-TER-e-nole)
12	Proventil	Pro- ven -til
13	Pulmicort	pul -ma-cort
14	Tornalate	tor -na-late
15	Ventolin	vent -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>

Name of Offeror or Contractor

BASE YEAR

Item No.	Supplies/Service	Quantity	Unit	Unit Price	Amount
<u>SECTION B: SUPPLIES OR SERVICES AND PRICE/COST</u>					
<p>The Contractor shall provide all-necessary supervision, labor, transportation, equipment, and supplies, to perform the service in accordance with the specifications contained in Section C, and the estimated prices stated herein</p>					
<p>The base period date of award of the contract resulting from this Quote will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.</p>					
<p>SERVICES: To Conduct an on going specialized telephone survey to assess the health status of adult District of Columbia residents.</p>					
<p>This is a fixed price contract.</p>					
<p>The Contract shall be paid for costs in accordance with the terms and conditions of Section B.</p>					
<p>LINE ITEMS</p>					
<p>SERVICE UNIT DESCRIPTION</p>					
0001	<p>Category I Core Questionnaire</p>	86			
0002	<p>Category II Optional Module (Race Module)</p>	8			
0003	<p>Category III State-Added Questions (Ward & Zip code)</p>	2			
0004	<p>Category IV Traumatic Brain Injury (TBI)</p>	2			
0005	<p>Category V Rape Prevention and Education</p>	1			
<p>Grand Total</p>					
<p>NOTE: The Core Questionnaire questions to be provided by U.S. Centers for Disease Control and Prevention (CDC). State-Added questions will be provided by the Department of Health (HC). Space provided by Contractor.</p>					



Name of Offeror or Contractor

OPTION YEAR I

Item No.	Supplies/Service	Quantity	Unit	Unit Price	Amount
<p><u>SECTION B: SUPPLIES OR SERVICES AND PRICE/COST</u></p>					
<p>The Contractor shall provide all-necessary supervision, labor, transportation, equipment, and supplies, to perform the service in accordance with the specifications contained in Section C, and the estimated prices stated herein</p>					
<p>The base period date of award of the contract resulting from this Quote will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.</p>					
<p>SERVICES: To Conduct an on going specialized telephone survey to assess the health status of adult District of Columbia residents.</p>					
<p>This is a fixed price contract.</p>					
<p>The Contract shall be paid for costs in accordance with the terms and conditions of Section B.</p>					
<p>LINE ITEMS</p>					
<p>SERVICE UNIT DESCRIPTION</p>					
		People Surveyed	Per Question	Per Interview	Total Cost
1001	<p>Category I Core Questionnaire</p>	86			
1002	<p>Category II Optional Module (Race Module)</p>	8			
1003	<p>Category III State-Added Questions (Ward & Zip code)</p>	2			
1004	<p>Category IV Traumatic Brain Injury (TBI)</p>	2			
1005	<p>Category V Rape Prevention and Education</p>	1			
<p>Grand Total</p>					
<p>NOTE: The Core Questionnaire questions to be provided by U.S. Centers for Disease Control and Prevention (CDC). State-Added questions will be provided by the Department of Health (HC). Space provided by Contractor.</p>					



Name of Offeror or Contractor

OPTION YEAR II

Item No.	Supplies/Service	Quantity	Unit	Unit Price	Amount
<p><u>SECTION B: SUPPLIES OR SERVICES AND PRICE/COST</u></p>					
<p>The Contractor shall provide all-necessary supervision, labor, transportation, equipment, and supplies, to perform the service in accordance with the specifications contained in Section C, and the estimated prices stated herein</p>					
<p>The base period date of award of the contract resulting from this Quote will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.</p>					
<p>SERVICES: To Conduct an on going specialized telephone survey to assess the health status of adult District of Columbia residents.</p>					
<p>This is a fixed price contract.</p>					
<p>The Contract shall be paid for costs in accordance with the terms and conditions of Section B.</p>					
<p>LINE ITEMS</p>					
<p>SERVICE UNIT DESCRIPTION People Surveyed Per Question Per Interview Total Cost</p>					
2001	<p>Category I Core Questionnaire</p>	86			
2002	<p>Category II Optional Module (Race Module)</p>	8			
2003	<p>Category III State-Added Questions (Ward & Zip code)</p>	2			
2004	<p>Category IV Traumatic Brain Injury (TBI)</p>	2			
2005	<p>Category V Rape Prevention and Education</p>	1			
<p>Grand Total</p>					
<p>NOTE: The Core Questionnaire questions to be provided by U.S. Centers for Disease Control and Prevention (CDC). State - Added questions will be provided by the Department of Health (HC). Space provided by Contractor.</p>					



Name of Offeror or Contractor

OPTION YEAR III

Item No.	Supplies/Service	Quantity	Unit	Unit Price	Amount
<p><u>SECTION B: SUPPLIES OR SERVICES AND PRICE/COST</u></p> <p>The Contractor shall provide all-necessary supervision, labor, transportation, equipment, and supplies, to perform the service in accordance with the specifications contained in Section C, and the estimated prices stated herein</p> <p>The base period date of award of the contract resulting from this Quote will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.</p> <p>SERVICES: To Conduct an on going specialized telephone survey to assess the health status of adult District of Columbia residents.</p> <p>This is a fixed price contract.</p> <p>The Contract shall be paid for costs in accordance with the terms and conditions of Section B.</p> <p>LINE ITEMS</p> <p>SERVICE UNIT DESCRIPTION</p>					
		People Surveyed	Per Question	Per Interview	Total Cost
3001	Category I Core Questionnaire	86			
3002	Category II Optional Module (Race Module)	8			
3003	Category III State-Added Questions (Ward & Zip code)	2			
3004	Category IV Traumatic Brain Injury (TBI)	2			
3005	Category V Rape Prevention and Education	1			
	Grand Total				
<p>NOTE: The Core Questionnaire questions to be provided by U.S. Centers for Disease Control and Prevention (CDC). State - Added questions will be provided by the Department of Health (HC). Space provided by Contractor.</p>					



Name of Offeror or Contractor

OPTION YEAR IV

Item No.	Supplies/Service	Quantity	Unit	Unit Price	Amount
<p><u>SECTION B: SUPPLIES OR SERVICES AND PRICE/COST</u></p>					
<p>The Contractor shall provide all-necessary supervision, labor, transportation, equipment, and supplies, to perform the service in accordance with the specifications contained in Section C, and the estimated prices stated herein</p>					
<p>The base period date of award of the contract resulting from this Quote will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.</p>					
<p>SERVICES: To Conduct an on going specialized telephone survey to assess the health status of adult District of Columbia residents.</p>					
<p>This is a fixed price contract.</p>					
<p>The Contract shall be paid for costs in accordance with the terms and conditions of Section B.</p>					
<p>LINE ITEMS</p>					
<p>SERVICE UNIT DESCRIPTION</p>					
4001	<p>Category I Core Questionnaire</p>	86			
4002	<p>Category II Optional Module (Race Module)</p>	8			
4003	<p>Category III State-Added Questions (Ward & Zip code)</p>	2			
4004	<p>Category IV Traumatic Brain Injury (TBI)</p>	2			
5005	<p>Category V Rape Prevention and Education</p>	1			
<p>Grand Total</p>					
<p>NOTE: The Core Questionnaire questions to be provided by U.S. Centers for Disease Control and Prevention (CDC). State - Added questions will be provided by the Department of Health (HC). Space provided by Contractor.</p>					



BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)
SCOPE OF WORK

INTRODUCTION

The District of Columbia, Department of Health, Office of Primary Care, Prevention and Planning, Bureau of Epidemiology and Health Risk Assessment is seeking a qualified vendor to conduct an ongoing specialized telephone survey to assess the health status of adult District of Columbia residents. This survey herein after referred to as the Behavioral Risk Factor Surveillance System Survey or (BRFSS) shall be conducted over a consecutive two-week period during each month for a twelve-month period.

The (BRFSS) is a state based telephone survey conducted in cooperation with the U.S. Centers for Disease Control and Prevention (CDC) throughout the United States. The BRFSS survey administered to District of Columbia residents uses a computer-assisted telephone interviewing (CATI) system, Ci3. The questionnaire is the standard CDC behavioral risk factor surveillance survey with the addition of modules and questions specified by the Department of Health. The BRFSS Survey enables the Department of Health to monitor the prevalence of certain health problems and define the health status of the residents of the District of Columbia.

TERM OF CONTRACT

The base period date of award of the contract resulting from this solicitation will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.

Options

1. The District may extend the term of this contract for a period of five (5) years any part thereof, at the prices set forth in the contract by written notice to the Contractor before the expiration of the contract.
2. If the District exercises this option, the extended contract shall be considered to include this option provision. The exercise of this option is subject to the availability of funds at the time of the exercise of the option.

GENERAL REQUIREMENTS

1. Independently, and not as an agent of the Government, the Contractor shall furnish all necessary labor, materials, supplies, equipment and services and perform the work set forth below.
2. All data, reports and analyses which are specifically generated under this contract shall become the property of the Government, which includes District

of Columbia, Department of Health, Office of Primary Care, Prevention and Planning, Bureau of Epidemiology and Health Risk Assessment, Behavioral Risk Factor Surveillance System.

3. All work under this contract shall be monitored by the Project Officer (PO)

SPECIFIC REQUIREMENTS

TASK 1- QUESTIONNAIRE

1. Conduct interviews using the BRFSS Questionnaire provided by the CDC. Interviews are conducted on CORE questions, as well as selected optional modules and approximately 25 State-added questions. Core questions are those questions required by the CDC.
2. Develop a process to accommodate annual changes and the inclusion of State-added questions. Additional payments may be made for costs of extra programming and pretests of new questions.
3. Program all questions and response categories in the Computer Assisted Telephone Instrument (CATI) System

TASK 2- SAMPLE/SAMPLING DESIGN

1. Complete 250-telephone interview of residents, aged 18 years or older, per month, for a total of 3000 District interviews during the 12-month period.
2. Use random selection procedures which will be a probability sample from a sampling frame provided by CDC consisting of all possible District households with telephones.

TASK 3- INTERVIEWING METHODS

1. Conduct interviews among randomly selected adults aged 18 and older using the questionnaire and methodology specified by the CDC in the Behavioral Risk Factor Surveillance System User's Guide (to be provided). This includes conducting interviews each month randomly selecting an adult respondent in each household, and providing the monthly raw data to the PO.
2. Call at a variety of times during the day and week to ensure a representative cross section of the population. Calls are to be made during evening, daytime and weekend hours.
3. Dial numbers not answering or busy a minimum of 15 times over 5 calling occasions, including at least one attempt during a weekend, one attempt during a weekday, and one attempt during a weekday evening. Business establishments and residents of institutions and group quarters are not eligible for interview. Eligible persons initially refusing to participate will be re-contacted a minimum of one additional time for attempted conversation.

TASK 4-Data Management:

1. Performs data error checking and validating of entries to provide a single data file each month that is acceptable to both CDC and the District of Columbia Government. Computer programs for checking errors will be provided by CDC and the District of Columbia Department of Health to assist in data editing. Data must be coded per CDC instructions.
2. Edits and corrects the resulting data file, including performance of data consistency checks. A standard, reliable data set for each month's interviewing period must be submitted via Internet within 30 days of completing the interviewing period. The data file must contain information about all telephone numbers called, including complete and incomplete interviews. Data must be provided according to coding instructions (to be supplied) in ASCII format.

TASKS 5- Quality Assurance and Confidentiality:

Implements procedures for assuring and documenting the interviewing process quality and the data management steps. Provide supervision and monitoring of interviewers. Monitoring is to be conducted through the use of electronic two-way audio and video means.

Verities a 5% random sample of completed interviews each month to validate (1) respondent selection (2) selected demographic characteristics, (3), selected behaviors, and (4) interviewer manner.

Develops and maintains procedures to ensure respondent's confidentiality.

TASK 6- Training:

Ensures that interviewers have experience in conducting telephone interviews. Facilitates training of interviews in the administration of the BRFSS questionnaire; include practice interviews. Ensures that interviewers are briefed on the new questionnaire and have an opportunity to conduct practice interviews.

Interviewers must receive initial training consisting of CATI program use, interviewing protocol, and education in administrative issues before beginning to work on the BRFSS project.

TASK 7-Records/Operational Procedures:

1. Maintains adequate records to support costs associated with this agreement. Such records shall, at a minimum, include personnel time records signed and approved by supervisory, as well as additional records supporting computer time, equipment rental, telephone lines, supplies, and other costs.

2. In the event that a systematic, recurring error is discovered in the sampling or interviewing operations immediately notify the State of the occurrence and correction.
3. If the District of Columbia finds problems in reviewing data set, the vendor will correct these problems to the District' satisfaction.

PERIOD OF PERFORMANCE

The period of performance shall be twelve (12) months fro the effective date of contract with on (1) twelve month option period.

Deliverable/Activity Schedule

The Contractor shall submit to the PO the following items, in the quantities specified during the periods listed below:

ITEM	DELIVERABLE ACTIVITIES	QUANTITY	DELIVERY DUE DATE
1	Questionnaire (Task 1)	N/A	Continuous
2	Sampling Design (Task 2)	N/A	Continuous
3	Interviewing Methods (Task 3)	N/A	Continuous
4	Data Management (Task 4)	N/A	Continuous
5	QA and Confidentiality (Task 5)	N/A	Continuous
6	Training (Task 6)	<u>N/A</u>	Continuous
7	Records/Reports (Task 7)	2	Monthly

*Sample is to be closed out monthly; PC edits performed and data submitted to CDC and the District

Partial Payment

The Government anticipates making partial payments under this contract. Partial payments shall be made upon Government acceptance of the deliverables identified below. Payment shall be based on the following increments:

1. Upon approval and acceptance of each Monthly Report (QTY 11)-8%
2. Upon approval and acceptance of Final Monthly Report (QTY 1) – 12%

DELIVERY REQUIREMENTS:

Hours of delivery

Deliverables should be sent to the Department of Health or via Internet. No deliveries shall be made on Saturday, Sundays, or Federal legal holidays as shown below:

- | | |
|---------------------|-----------------------------|
| 1. New Year's Day | 1 January |
| 2. King's Birthday | Third Monday in January |
| 3. President's Day | Third Monday in February |
| 4. Memorial Day | Last Monday in May |
| 5. Independence Day | 4 July |
| 6. Labor Day | First Monday in September |
| 7. Columbus Day | Second Monday in October |
| 8. Veteran's Day | 10 November |
| 9. Thanksgiving Day | Fourth Thursday in November |
| 10. Christmas Day | 25 December |

PLACE OF DELIVERY

All deliverable shall be delivered to:

Tracy Garner
Health Survey Technician
Department of Health
Behavioral Risk Factor Surveillance System
825 North Capitol Street, N.E.
Washington, DC 20002
Email: tracy.garner@dc.gov
Telephone: 202-442-5857

PERFORMANCE

Period of Performance

The base period of the contract resulting from this solicitation be four (4) years from the effective date which shall be the date of the Contracting Officer's signature. The Contractor shall begin performance on the effective date.

Options

The District may extend the term of this contract for a period of five (5) years any part thereof, at the prices set forth in the contract by written notice to the Contractor before the expiration of the contract.

If the District exercises this option, the extended contract shall be considered to include this option provision. The exercise of this option is subject to the availability of funds at the time of the exercise of the option.

ADMINISTRATION

Authorities of Government Personnel

Notwithstanding the Contract's responsibility for total management during the performance of this contract, the administration of the contract shall require maximum coordination between the Government and the Contractor. The following individuals shall be the Government's points of contact during the performance of the contract:

Contracting Officer

All contract administration shall be by Mr. Lorenzo Brown Department of Health, Office of Contracts, Procurement and Grants 441 4th Street N.W., 3rd Floor Washington, D.C. 20001

Project Officer

The Project Officer shall be designated on the authority of the Contracting Officer at the time of contract award. The type of actions within the purview of the Project Officer's authority are to assure that the Contractor performs the technical requirements of the delivery order, and to notify both the Contractor and the Contracting Officer of any deficiencies observed. A letter of designation shall be issued to both the Project Officer and the Contractor at the time of the delivery order award setting forth in full the responsibilities and limitations of the Project Officer.

TECHNICAL MONITORING

1. Performance of the work under this contract shall be subject to the technical monitoring of the PO. The term "Technical Monitoring" is defined to include, without limitation, to the following:
2. Technical direction to the Contractor which redirects the contract effort, shifts work emphasis between work area or task, requires pursuit of certain lines of inquiry, fills in details or otherwise serves to accomplish contractual scope of work.
3. Providing information to the Contractor for assistance in the interpretation of drawings, specifications or technical portions of the work description.
4. Review and, where required by the contract, approval of technical reports, drawings, specifications and technical information to be delivered by the Contractor to the Government. Technical direction must be within the general scope of work stated in the contract. The PO does not have the authority to and may not issue any technical direction which (i) constitutes an assignment of additional work outside the general scope of the contract; (ii) constitutes a change as defined in the contract clause entitled "Changes", (iii) in any manner causes an increase or decrease in the total estimated contract cost, the fixed fee or the time

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) SCOPE OF WORK

INTRODUCTION

The District of Columbia, Department of Health, Office of Primary Care, Prevention and Planning, Bureau of Epidemiology and Health Risk Assessment is seeking a qualified vendor to conduct an ongoing specialized telephone survey to assess the health status of adult District of Columbia residents. This survey herein after referred to as the Behavioral Risk Factor Surveillance System Survey or (BRFSS) shall be conducted over a consecutive two-week period during each month for a twelve-month period.

The (BRFSS) is a state based telephone survey conducted in cooperation with the U.S. Centers for Disease Control and Prevention (CDC) throughout the United States. The BRFSS survey administered to District of Columbia residents uses a computer-assisted telephone interviewing (CATI) system, Ci3. The questionnaire is the standard CDC behavioral risk factor surveillance survey with the addition of modules and questions specified by the Department of Health. The BRFSS Survey enables the Department of Health to monitor the prevalence of certain health problems and define the health status of the residents of the District of Columbia.

TERM OF CONTRACT

The base period date of award of the contract resulting from this solicitation will be from the date of the Contracting Officer's signature and will include a 4 year option. The Contractor shall begin performance on the effective date.

Options

2. The District may extend the term of this contract for a period of five (5) years any part thereof, at the prices set forth in the contract by written notice to the Contractor before the expiration of the contract.
3. If the District exercises this option, the extended contract shall be considered to include this option provision. The exercise of this option is subject to the availability of funds at the time of the exercise of the option.

GENERAL REQUIREMENTS

4. Independently, and not as an agent of the Government, the Contractor shall furnish all necessary labor, materials, supplies, equipment and services and perform the work set forth below.
5. All data, reports and analyses which are specifically generated under this contract shall become the property of the Government, which includes District

of Columbia, Department of Health, Office of Primary Care, Prevention and Planning, Bureau of Epidemiology and Health Risk Assessment, Behavioral Risk Factor Surveillance System.

6. All work under this contract shall be monitored by the Project Officer (PO)

SPECIFIC REQUIREMENTS

TASK 1- QUESTIONNAIRE

4. Conduct interviews using the BRFSS Questionnaire provided by the CDC. Interviews are conducted on CORE questions, as well as selected optional modules and approximately 25 State-added questions. Core questions are those questions required by the CDC.
5. Develop a process to accommodate annual changes and the inclusion of State-added questions. Additional payments may be made for costs of extra programming and pretests of new questions.
6. Program all questions and response categories in the Computer Assisted Telephone Instrument (CATI) System

TASK 2- SAMPLE/SAMPLING DESIGN

3. Complete 250-telephone interview of residents, aged 18 years or older, per month, for a total of 3000 District interviews during the 12-month period.
4. Use random selection procedures which will be a probability sample from a sampling frame provided by CDC consisting of all possible District households with telephones.

TASK 3- INTERVIEWING METHODS

4. Conduct interviews among randomly selected adults aged 18 and older using the questionnaire and methodology specified by the CDC in the Behavioral Risk Factor Surveillance System User's Guide (to be provided). This includes conducting interviews each month randomly selecting an adult respondent in each household, and providing the monthly raw data to the PO.
5. Call at a variety of times during the day and week to ensure a representative cross section of the population. Calls are to be made during evening, daytime and weekend hours.
6. Dial numbers not answering or busy a minimum of 15 times over 5 calling occasions, including at least one attempt during a weekend, one attempt during a weekday, and one attempt during a weekday evening. Business establishments and residents of institutions and group quarters are not eligible for interview. Eligible persons initially refusing to participate will be re-contacted a minimum of one additional time for attempted conversation.

TASK 4-Data Management:

3. Performs data error checking and validating of entries to provide a single data file each month that is acceptable to both CDC and the District of Columbia Government. Computer programs for checking errors will be provided by CDC and the District of Columbia Department of Health to assist in data editing. Data must be coded per CDC instructions.
4. Edits and corrects the resulting data file, including performance of data consistency checks. A standard, reliable data set for each month's interviewing period must be submitted via Internet within 30 days of completing the interviewing period. The data file must contain information about all telephone numbers called, including complete and incomplete interviews. Data must be provided according to coding instructions (to be supplied) in ASCII format.

TASKS 5- Quality Assurance and Confidentiality:

Implements procedures for assuring and documenting the interviewing process quality and the data management steps. Provide supervision and monitoring of interviewers. Monitoring is to be conducted through the use of electronic two-way audio and video means.

Verities a 5% random sample of completed interviews each month to validate (1) respondent selection (2) selected demographic characteristics, (3), selected behaviors, and (4) interviewer manner.

Develops and maintains procedures to ensure respondent's confidentiality.

TASK 6- Training:

Ensures that interviewers have experience in conducting telephone interviews. Facilitates training of interviews in the administration of the BRFSS questionnaire; include practice interviews. Ensures that interviewers are briefed on the new questionnaire and have an opportunity to conduct practice interviews.

Interviewers must receive initial training consisting of CATI program use, interviewing protocol, and education in administrative issues before beginning to work on the BRFSS project.

TASK 7-Records/Operational Procedures:

4. Maintains adequate records to support costs associated with this agreement. Such records shall, at a minimum, include personnel time records signed and approved by supervisory, as well as additional records supporting computer time, equipment rental, telephone lines, supplies, and other costs.

5. In the event that a systematic, recurring error is discovered in the sampling or interviewing operations immediately notify the State of the occurrence and correction.
6. If the District of Columbia finds problems in reviewing data set, the vendor will correct these problems to the District' satisfaction.

PERIOD OF PERFORMANCE

The period of performance shall be twelve (12) months fro the effective date of contract with on (1) twelve month option period.

Deliverable/Activity Schedule

The Contractor shall submit to the PO the following items, in the quantities specified during the periods listed below:

ITEM	DELIVERABLE ACTIVITIES	QUANTITY	DELIVERY DUE DATE
1	Questionnaire (Task 1)	N/A	Continuous
2	Sampling Design (Task 2)	N/A	Continuous
3	Interviewing Methods (Task 3)	N/A	Continuous
4	Data Management (Task 4)	N/A	Continuous
5	QA and Confidentiality (Task 5)	N/A	Continuous
6	Training (Task 6)	<u>N/A</u>	Continuous
7	Records/Reports (Task 7)	2	Monthly

*Sample is to be closed out monthly; PC edits performed and data submitted to CDC and the District

Partial Payment

The Government anticipates making partial payments under this contract. Partial payments shall be made upon Government acceptance of the deliverables identified below. Payment shall be based on the following increments:

3. Upon approval and acceptance of each Monthly Report (QTY 11)-8%
4. Upon approval and acceptance of Final Monthly Report (QTY 1) – 12%

DELIVERY REQUIREMENTS:

Hours of delivery

required for contract performance; (iv) changes any of the expressed terms, conditions, or specifications of the contract.

5. All technical directions shall be issued in writing by the PO or shall confirmed by him/her in writing within five (5) working days after issuance.
6. The Contractor shall proceed promptly with the performance of technical directions duly issued by the PO in the manner prescribed by this article and within his/her authority under the provisions of this article.
7. If in the opinion of the Contractor, any instruction or direction issued by the PO is within one of the categories defined in (i) through (v) above, the Contractor shall not proceed but shall notify the Contracting Officer in writing within five (5) working days after the receipt of any such instruction or direction and shall request the Contracting Officer to modify the contract accordingly. Upon receiving such notification from the Contractor, the Contracting Officer shall issue an appropriate contract modification or advise the Contract in writing that, in his/her opinion, the technical direction is within the scope of this article and does not constitute a change under the Changes Clause of the contract. The contractor shall thereupon proceed immediately with the direction given.

Invoice Submission

The Contractor shall submit its invoice, an original and four (4) copies to:
Department of Health
Office of the Chief Financial Officer
Accounts Payable Division
PO Box 77678
Washington, DC 20013-9998

Deliverables should be sent to the Department of Health or via Internet. No deliveries shall be made on Saturday, Sundays, or Federal legal holidays as shown below:

11. New Year's Day	1 January
12. King's Birthday	Third Monday in January
13. President's Day	Third Monday in February
14. Memorial Day	Last Monday in May
15. Independence Day	4 July
16. Labor Day	First Monday in September
17. Columbus Day	Second Monday in October
18. Veteran's Day	10 November
19. Thanksgiving Day	Fourth Thursday in November
20. Christmas Day	25 December

PLACE OF DELIVERY

All deliverable shall be delivered to:

Tracy Garner
Health Survey Technician
Department of Health
Behavioral Risk Factor Surveillance System
825 North Capitol Street, N.E.
Washington, DC 20002
Email: tracy.garner@dc.gov
Telephone: 202-442-5857

PERFORMANCE

Period of Performance

The base period of the contract resulting from this solicitation be four (4) years from the effective date which shall be the date of the Contracting Officer's signature. The Contractor shall begin performance on the effective date.

Options

The District may extend the term of this contract for a period of five (5) years any part thereof, at the prices set forth in the contract by written notice to the Contractor before the expiration of the contract.

If the District exercises this option, the extended contract shall be considered to include this option provision. The exercise of this option is subject to the availability of funds at the time of the exercise of the option.

ADMINISTRATION

Authorities of Government Personnel

Notwithstanding the Contract's responsibility for total management during the performance of this contract, the administration of the contract shall require maximum coordination between the Government and the Contractor. The following individuals shall be the Government's points of contact during the performance of the contract:

Contracting Officer

All contract administration shall be by Mr. Lorenzo Brown Department of Health, Office of Contracts, Procurement and Grants 441 4th Street N.W., 3rd Floor Washington, D.C. 20001

Project Officer

The Project Officer shall be designated on the authority of the Contracting Officer at the time of contract award. The type of actions within the purview of the Project Officer's authority are to assure that the Contractor performs the technical requirements of the delivery order, and to notify both the Contractor and the Contracting Officer of any deficiencies observed. A letter of designation shall be issued to both the Project Officer and the Contractor at the time of the delivery order award setting forth in full the responsibilities and limitations of the Project Officer.

TECHNICAL MONITORING

8. Performance of the work under this contract shall be subject to the technical monitoring of the PO. The term "Technical Monitoring" is defined to include, without limitation, to the following:
9. Technical direction to the Contractor which redirects the contract effort, shifts work emphasis between work area or task, requires pursuit of certain lines of inquiry, fills in details or otherwise serves to accomplish contractual scope of work.
10. Providing information to the Contractor for assistance in the interpretation of drawings, specifications or technical portions of the work description.
11. Review and, where required by the contract, approval of technical reports, drawings, specifications and technical information to be delivered by the Contractor to the Government. Technical direction must be within the general scope of work stated in the contract. The PO does not have the authority to and may not issue any technical direction which (i) constitutes an assignment of additional work outside the general scope of the contract; (ii) constitutes a change as defined in the contract clause entitled "Changes", (iii) in any manner causes an increase or decrease in the total estimated contract cost, the fixed fee or the time

required for contract performance; (iv) changes any of the expressed terms, conditions, or specifications of the contract.

12. All technical directions shall be issued in writing by the PO or shall confirmed by him/her in writing within five (5) working days after issuance.
13. The Contractor shall proceed promptly with the performance of technical directions duly issued by the PO in the manner prescribed by this article and within his/her authority under the provisions of this article.
14. If in the opinion of the Contractor, any instruction or direction issued by the PO is within one of the categories defined in (i) through (v) above, the Contractor shall not proceed but shall notify the Contracting Officer in writing within five (5) working days after the receipt of any such instruction or direction and shall request the Contracting Officer to modify the contract accordingly. Upon receiving such notification from the Contractor, the Contracting Officer shall issue an appropriate contract modification or advise the Contract in writing that, in his/her opinion, the technical direction is within the scope of this article and does not constitute a change under the Changes Clause of the contract. The contractor shall thereupon proceed immediately with the direction given.

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