



**2008**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**December 31, 2007**

# Behavioral Risk Factor Surveillance System 2008 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 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 this 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 5 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: Oral Health

---

**7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(88)

**Read only if necessary:**

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

**Do not read:**

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

**7.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

(89)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused



**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

**7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

**Read only if necessary:**

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

**Do not read:**

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

## Section 8: 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."

**8.1** (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

**8.2** (Ever told) you had angina or coronary heart disease? (92)

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

**8.3** (Ever told) you had a stroke? (93)

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

## Section 9: Asthma

---

**9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

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

**9.2** Do you still have asthma? (95)

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

## Section 10: Disability

---

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

**10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

**10.2** 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? (97)

**Include occasional use or use in certain circumstances.**

- 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 next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**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 next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

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

## Section 12: Demographics

---

**12.1** What is your age? (101–102)

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

**12.2** Are you Hispanic or Latino? (103)

- 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?

(104–109)

**(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?

(110)

- 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.*

(111)

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

12.6 Are you...? (112)

**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? (113–114)

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

12.8 What is the highest grade or year of school you completed? (115)

**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...? (116)

**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—

(117–118)

**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?

(119–122)

**NOTE: If respondent answers in metrics, put “9” in column 119.**

**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? (123–126)

**NOTE: If respondent answers in metrics, put “9” in column 123.**

**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.** (127–130)

**NOTE: If respondent answers in metrics, put “9” in column 127.**

**Round fractions up**

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

**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? (131)

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

**12.15** What county do you live in? (132–134)

__ __ __	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? (135-139)

_ _ _ _ _	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. (140)

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

**12.18** How many of these telephone numbers are residential numbers? (141)

_	Residential telephone numbers <b>[6 = 6 or more]</b>
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. (142)

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

**12.20** **Indicate sex of respondent. Ask only if necessary.** (143)

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

**12.21** To your knowledge, are you now pregnant? (144)

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



## Section 13: Alcohol Consumption

---

**13.1** 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? (145)

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

**13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (146–148)

- 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

**13.3** 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?

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

(149–150)

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

**13.4** 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? (151–152)

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

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (153–154)

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

## Section 14: Immunization

---

**14.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (155)

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

**14.2** During what month and year did you receive your most recent flu shot? (156–161)

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

**14.3** 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™. (162)

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

**14.4** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163–168)

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

**14.5** 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? (169)

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

## Section 15: Falls

---

**If respondent is 45 years or older continue, otherwise go to next section.**

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

**15.1** In the past 3 months, how many times have you fallen? (170–171)

- |   |   |                       |                             |
|---|---|-----------------------|-----------------------------|
| – | – | Number of times       | <b>[76 = 76 or more]</b>    |
| 8 | 8 | None                  | <b>[Go to next section]</b> |
| 7 | 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | 9 | Refused               | <b>[Go to next section]</b> |

**15.2** **[Fill in “Did this fall (from Q15.1) cause an injury?”]. If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

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

(172–173)

- |   |   |                       |                          |
|---|---|-----------------------|--------------------------|
| – | – | Number of falls       | <b>[76 = 76 or more]</b> |
| 8 | 8 | None                  |                          |
| 7 | 7 | Don't know / Not sure |                          |
| 9 | 9 | Refused               |                          |

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say— (174)

**Please read:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

**CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.**

## Section 17: Drinking and Driving

---

**CATI note: If Q13.1 = 2 (No); go to next section.**

The next question is about drinking and driving.

**17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175–176)

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

## Section 18: Women's Health

---

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

The next questions are about breast and cervical cancer.

**18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q18.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q18.3]</b> |
| 9 | Refused               | <b>[Go to Q18.3]</b> |

**18.2** How long has it been since you had your last mammogram? (178)

**Read only if necessary:**

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

**Do not read:**

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

**18.3** 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? (179)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

**18.4** How long has it been since your last breast exam? (180)

**Read only if necessary:**

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

**Do not read:**

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

**18.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

**18.6** How long has it been since you had your last Pap test? (182)

**Read only if necessary:**

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

**Do not read:**

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

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

**18.7** Have you had a hysterectomy? (183)

**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

## Section 19: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

**19.1** 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? (184)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

**19.2** How long has it been since you had your last PSA test? (185)

**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 5 or more years ago

**Do not read:**

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

**19.3** 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? (186)

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

**19.4** How long has it been since your last digital rectal exam? (187)

**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 5 or more years ago

**Do not read:**

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

**19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (188)

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

## Section 20: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next section.**

**20.1** 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? (189)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

**20.2** How long has it been since you had your last blood stool test using a home kit? (190)

**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 5 or more years ago

**Do not read:**

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

**20.3** 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? (191)

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

**20.4** 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? (192)

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

**20.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (193)

**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

## Section 21: 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.

**21.1** 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. (194)

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don't know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

**21.2** Not including blood donations, in what month and year was your last HIV test? (195–200)

**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

**21.3** Where did you have your last HIV test — at a private doctor or HMO office, at 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? (201–202)

- 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 Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.**

**21.4** Was it a rapid test where you could get your results within a couple of hours? (203)

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

**21.5** 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? (204)

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

## Section 22: Emotional Support and Life Satisfaction

---

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

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

**INTERVIEWER NOTE: If asked, say "please include support from any source."** (205)

**Please read:**

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

**Do not read:**

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

**22.2** In general, how satisfied are you with your life?

(206)

**Please read:**

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

**Do not read:**

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

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

### **Closing statement**

#### **Please read:**

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

**or**

**Transition to modules and/or state-added questions.**

## 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? (227)
- |   |                       |
|---|-----------------------|
| 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? (228)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | 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? (229–230)
- |   |   |                                       |
|---|---|---------------------------------------|
| – | – | Code age in years [97 = 97 and older] |
| 9 | 8 | Don't know / Not sure                 |
| 9 | 9 | Refused                               |
2. Are you now taking insulin? (231)
- |   |         |
|---|---------|
| 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. (232–234)

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. (235–237)

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? (238–239)

–	–	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"? (240–241)

–	–	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? (242–243)

— — 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. (244)

**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? (245)

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? (246)

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? (247–248)

– – 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? (249–250)

– – 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? (251–252)

– – 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? (253–254)

– – 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— (255)

**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—

(256)

**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?  
(257)

**Read only if necessary:**

- |   |  |                   |
|---|--|-------------------|
| 1 | Within the past month (anytime less than 1 month ago)      | <b>[Go to Q5]</b> |
| 2 | Within the past year (1 month but less than 12 months ago) | <b>[Go to Q5]</b> |
| 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) | <b>[Go to next module]</b> |
| 9 | Refused                |                            |

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

(258–259)

**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) | <b>[Go to next module]</b> |
| 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.  
(260)

**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?

(261)

- 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?

(262)

- 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?

(263)

- 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?

(264)

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

## Module 5: High Risk/Health Care Worker

---

The next few questions ask about health care work and chronic illness.

1. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home. (265)

**INTERVIEWER NOTE: If necessary say: "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."**

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

2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (266)

- |   |                       |                                      |
|---|-----------------------|--------------------------------------|
| 1 | Yes                   |                                      |
| 2 | No                    |                                      |
| 7 | Don't know / Not sure | <i>(Probe by repeating question)</i> |
| 9 | Refused               |                                      |

3. Has a doctor, nurse, or other health professional ever said that you have...

**Read all items listed below before waiting for an answer:**

**[See Attached Health Problems List]**

Lung problems, other than asthma  
Kidney problems  
Anemia, including Sickle Cell

**Or**

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

(267)

- |   |                       |                     |
|---|-----------------------|---------------------|
| 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. Do you still have (this/any of these) problem(s)? (268)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 6: Binge Drinking

---

**CATI Note: If Q13.4 is  $\geq 1$ ; but  $< 77$ , continue. Otherwise, go to next module.**

Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor**. So, a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

**INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.**

1. During the **most** recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink? (269–270)
- – Number
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
2. During the same occasion, about **how many glasses of wine** did you drink? (271–272)
- – Number
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have? (273–274)
- – Number
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

4. During the same occasion, about **how many other pre-mixed, flavored** drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.  
(275-276)

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

5. During this most recent occasion, **where were you** when you did **most** of your drinking?  
(277)

**Read only if necessary:**

1 At your home, for example, your house, apartment, or dorm room  
2 At another person's home  
3 At a restaurant or banquet hall  
4 At a bar or club  
5 At a public place, such as at a park, concert, or sporting event

**Do not read:**

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

6. Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

**INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.**

(278)

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

**CATI note: Ask Q7 only if response to Q5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.**

7. During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

**INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.**

(279–281)

— — — Total amount  
8 8 8 Paid nothing - all drinks free or paid for by others  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## Module 7: Other Tobacco Products

---

Now, I would like to ask you questions about your use of tobacco products other than cigarettes.

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? (Snus rhymes with goose). (282)

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

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

2. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (283)

- |   |                       |
|---|-----------------------|
| 1 | Every day             |
| 2 | Some days             |
| 3 | Not at all            |
| 7 | Don't know / Not sure |
| 9 | Refused               |

3. Do you currently use cigars, pipes, bidis, kreteks or other tobacco products? Do not include cigarettes, snus, snuff, or chewing tobacco.

**NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries.**

**Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.**

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

(284)

## Module 8: Secondhand Smoke I

---

These next questions are about exposure to secondhand smoke.

**NOTE: If Core Q12.9 = 1 (Employed) or Core Q12.9 = 2 (Self-employed); continue. Otherwise, go to Q2.**

1. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

(285–286)

– – Number of days (1–7 days)  
5 5 Did not work in the past 7 days  
6 6 I do not work indoors most of the time  
8 8 None

**Do not read:**

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

2. On how many of the past 7 days, did anyone smoke in your home while you were there?

(287–288)

– – Number of days (1–7 days)  
5 5 I was not at home in the past 7 days  
8 8 None

**Do not read:**

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

3. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

(289)

**Please read:**

1 Smoking is not allowed anywhere inside my home  
2 Smoking is allowed in some places or at some times  
3 Smoking is allowed anywhere inside my home

**Or**

4 There are no rules about smoking inside my home



**Do not read:**

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

4. In bars, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all?

(290)

**Please read:**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

**Do not read:**

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

5. In restaurants, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all?

(291)

**Please read:**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

**Do not read:**

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

6. Inside indoor workplaces, do you **THINK** smoking should be allowed in all areas, some areas or not allowed at all?

(292)

**Please read:**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

**Do not read:**

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

## Module 9: Adult Asthma History

---

**CATI note: If "Yes" to Core Q9.1, 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? (293–294)

– – 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 Q9.2, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (295)

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? (296–297)

– – 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? (298–299)

– – 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? (300-301)

— — 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? (302–304)

— — — 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 — (305)

**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 — (306)

**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?

(307)

**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?

(308)

**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 10: 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<sup>®</sup>. Have you EVER had the HPV vaccination? (309)

- |   |                           |                     |
|---|---------------------------|---------------------|
| 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] |

**INSTRUCTION NOTE: This question will replace Q1; when Cervarix<sup>®</sup> is licensed in 2008.**

**(Alternative)**

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, GARDASIL<sup>®</sup>, or Cervarix<sup>®</sup>. Have you EVER had the HPV vaccination? (309)

- |   |                           |                     |
|---|---------------------------|---------------------|
| 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? (310–311)

- |   |   |                       |
|---|---|-----------------------|
| – | – | Number of shots       |
| 0 | 3 | All shots             |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

## Module 11: Veterans' Health Status

---

**CATI note: Ask Module 11; only if Core Q12.5 = 1(Yes). Otherwise, go to next module.**

The next questions relate to military service.

1. Which of the following best describes your service in the United States military? (312)

**Please read:**

- 1 Currently on active duty
- 2 Currently in a National Guard or Reserve unit
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

**Do not read:**

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

2. In the last 12 months, have you received some or all of your health care from VA hospital or clinic? (313)

**INTERVIEWER NOTE: If "Yes"; probe for "All" or "Some" of the health care**

- 1 Yes, all of my healthcare
- 2 Yes, some of my healthcare
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

3. Since September 11, 2001, have you been deployed to the regions of Afghanistan or Iraq in support of U.S. military operations? (314)

**INTERVIEWER NOTE: This includes countries in the Middle East region such as Iraq, Saudi Arabia, Kuwait, the Persian Gulf, and other forward deployed operating areas such as the countries bordering Afghanistan.**

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

## Module 12: 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? (315)

- 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? (316)

- 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? (317)

- 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? (318)

- 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? (319)

- 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? (320)

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



## Module 13: Anxiety and Depression

---

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

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (321–322)

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused
  
2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (323–324)

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused
  
3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (325–326)

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused
  
4. Over the last 2 weeks, how many days have you felt tired or had little energy? (327–328)

–	–	01–14 days
8	8	None
7	7	Don't know / Not sure
9	9	Refused
  
5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (329–330)

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

6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (331–332)

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

7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (333–334)

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

8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (335–336)

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

9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (337)

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

10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (338)

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

## Module 14: 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... (339)

**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. (340)

- 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. (341)

- 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? (342)

- 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? (343)

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? (344)

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? (345)

**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? (346)

**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? (347)

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? (348)

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? (349–350)

**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 15: 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? (366–371)

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

**CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

2. Is the child a boy or a girl? (372)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (373)

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? (374–379)

**[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? (380)

- 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? (381)

**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 16: Childhood Asthma Prevalence

---

**CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.**

The next two questions are about the “Xth” **[CATI: please fill in correct number]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (382)
- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |
2. Does the child still have asthma? (383)
- |   |                       |  |
|---|-----------------------|--|
| 1 | Yes                   |  |
| 2 | No                    |  |
| 7 | Don't know / Not sure |  |
| 9 | Refused               |  |

## Module 17: 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<sup>®</sup> (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<sup>®</sup>. Has this child EVER had the HPV vaccination? (384)
- |   |                           |                            |
|---|---------------------------|----------------------------|
| 1 | Yes                       |                            |
| 2 | No                        | <b>[Go to next module]</b> |
| 3 | Doctor refused when asked | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure     | <b>[Go to next module]</b> |
| 9 | Refused                   | <b>[Go to next module]</b> |



**INSTRUCTION NOTE: This question will replace Q1; when Cervarix<sup>®</sup> is licensed in 2008.**

**(Alternative)**

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, GARDASIL<sup>®</sup>, or Cervarix<sup>®</sup>. Have you EVER had the HPV vaccination? (384)

- |   |                           |                            |
|---|---------------------------|----------------------------|
| 2 | Yes                       |                            |
| 2 | No                        | <b>[Go to next module]</b> |
| 3 | Doctor refused when asked | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure     | <b>[Go to next module]</b> |
| 9 | Refused                   | <b>[Go to next module]</b> |

2. How many HPV shots did she receive? (385–386)

- |   |   |                       |
|---|---|-----------------------|
| – | – | Number of shots       |
| 0 | 3 | All shots             |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

**CATI Note: State-added questions begin in column 401.**

## List of Health Problems to Accompany Module 5, Question 1

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### [DO NOT READ]

#### **Lung Problems**

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

#### **Kidney Problems**

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

#### **Anemia**

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

**Causes of Weak Immune System**

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines