



**2004**

**Behavioral Risk Factor Surveillance System**

**State Questionnaire**

**Revised February 2004**

# Behavioral Risk Factor Surveillance System 2004 State Questionnaire

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## Interviewer's Script

HELLO, I'm calling for the  (health department)  and the Centers for Disease Control and Prevention. My name is  (name) . We're gathering information on the health of  (state)  residents. Your telephone number has been chosen randomly, and I'd 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?

**If "no,"**

Thank you very much, but we are only interviewing 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 5**



**To the correct respondent:**

HELLO, I'm     (name)     calling for the     (health department)     and the Centers for Disease Control and Prevention. We're gathering information on the health of     (state)     residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't 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, I will provide a telephone number for you to call to get more information.

## Core Sections

### 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 also "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?"** (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 the cost? (82)
- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 4: Exercise

---

- 4.1** 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? (83)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 5: Environmental Factors

---

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1** Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (84)
- Note: If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is "Yes."**
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / not sure |
| 9 | Refused               |

- 5.2** Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)
- Note: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air he or she encountered more than 12 months ago, the answer is "Yes."**
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / not sure |
| 9 | Refused               |

## Section 6: Excess Sun Exposure

---

The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours.

**6.1** Have you had a sunburn within the past 12 months? (86)

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

**6.2** Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (87)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

## Section 7: Tobacco Use

---

**7.1** Have you smoked at least 100 cigarettes in your entire life? (88)

**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]

**7.2** Do you now smoke cigarettes every day, some days, or not at all? (89)

- 1 Everyday
- 2 Some days
- 3 Not at all [Go to next section]
- 9 Refused [Go to next section]

- 7.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 8: Alcohol Consumption

---

- 8.1** A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (91–93)
- 1\_\_ \_\_ Days per week
  - 2\_\_ \_\_ Days in past 30
  - 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 **[Go to next section]**
- 8.2** On the days when you drank, about how many drinks did you drink on average? (94–95)
- \_\_ \_\_ Number of drinks
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- 8.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96–97)
- \_\_ \_\_ Number of times
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
- 8.4** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98–99)
- \_\_ \_\_ Number of times
  - 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused

## Section 9: Asthma

---

- 9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (100)
- 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? (101)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 10: Diabetes

---

- 10.1** Have you ever been told by a doctor that you have diabetes? (102)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**
- If Respondent says pre-diabetes or borderline diabetes, use response code 4.**
- 1 Yes
  - 2 Yes, but female told only during pregnancy
  - 3 No
  - 4 No, pre-diabetes or borderline diabetes
  - 7 Don't know / Not sure
  - 9 Refused

## Section 11: Oral Health

---

**11.1** How long has it been since you last visited a dentist or a dental clinic for any reason? (103)

**Include visits to dental specialists, such as orthodontists.**

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

**11.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (104)

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

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

**If Q11.1 = 8/Never or Q11.2= 3/All, skip to next section.**

**11.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## Section 12: Immunization

---

- 12.1** During the past 12 months, have you had a flu shot? (106)
- Read if necessary: We want to know if you had a flu shot injected in your arm.**
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 12.2** During the past 12 months, have you had a flu vaccine that was sprayed in your nose? (107)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 12.3** Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (108)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 13: Demographics

---

- 13.1** What is your age? (109–110)
- \_\_\_ \_\_\_ Code age in years
- 0 7 Don't know / Not sure
  - 0 9 Refused
- 13.2** Are you Hispanic or Latino? (111)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**13.3** Which one or more of the following would you say is your race? (112–117)

**(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

**If more than one response to Q13.3, continue. Otherwise, go to Q13.5**

**13.4** Which one of these groups would you say best represents your race? (118)

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

**13.5** Are you...? (119)

**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

**13.6** How many children less than 18 years of age live in your household? (120–121)

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

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

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

**13.8** Are you currently...? (123)

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**13.9** Is your annual household income from all sources—

(124–125)

**If respondent refuses at ANY income level, code ‘99 Refused’**

**Read as appropriate:**

- 04 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If “no,” code 02**
- 05 Less than \$35,000 **If “no,” ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If “no,” ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If “no,” code 08**  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read:**

- 77 Don’t know / Not sure
- 99 Refused

**13.10** About how much do you weigh without shoes?

(126–129)

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

**Round fractions up**

\_\_\_ \_\_\_ \_\_\_ Weight  
pounds  
7 7 7 7 Don’t know / Not sure  
9 9 9 9 Refused

**13.11** About how tall are you without shoes?

(130–133)

**Note: If respondent answers in metrics, put “9” in column 130.**

**Round fractions down**

\_\_\_/\_\_\_ Height  
ft / inches  
7 7 7 Don’t know / Not sure  
9 9 9 Refused

- 13.12** What county do you live in? (134–136)
- \_\_\_ \_\_\_ \_\_\_ FIPS county code  
7 7 7 Don't know / Not sure  
9 9 9 Refused
- 13.13** 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. (137)
- 1 Yes  
2 No [Go to Q13.15]  
7 Don't know / Not sure [Go to Q13.15]  
9 Refused [Go to Q13.15]
- 13.14** How many of these telephone numbers are residential numbers? (138)
- \_\_\_ Residential telephone numbers [6=6 or more]  
7 Don't know / Not sure  
9 Refused
- 13.15** During the past 12 months, has your household been without telephone service for 1 week or more? (139)
- Do not include interruptions of telephone service because of weather or natural disasters.**
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- 13.16** Indicate sex of respondent. Ask only if necessary. (140)
- 1 Male [Go to next section]  
2 Female
- If respondent is 45 years old or older, go to next section.**
- 13.17** To your knowledge, are you now pregnant? (141)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 14: Veteran's Status

---

- 14.1** The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit. 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? (142)
- |   |                       |                             |
|---|-----------------------|-----------------------------|
| 1 | Yes                   |                             |
| 2 | No                    | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

- 14.2** Which of the following best describes your service in the United States military? (143)
- Please read:**
- |   |   |                             |
|---|---|-----------------------------|
| 1 | Currently on active duty                      | <b>[Go to next section]</b> |
| 2 | Currently in a National Guard or Reserve unit | <b>[Go to next section]</b> |
| 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 | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

- 14.3** In the last 12 months have you received some or all of your health care from VA facilities? (144)
- If "yes" probe for "all" or "some" of the health care.**
- |   |                                |  |
|---|--------------------------------|--|
| 1 | Yes, all of my health care     |  |
| 2 | Yes, some of my health care    |  |
| 3 | No, no VA health care received |  |
| 7 | Don't know / Not sure          |  |
| 9 | Refused                        |  |

## Section 15: Women's Health

---

**If respondent is male, go to next section.**

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

**15.2** How long has it been since you had your last mammogram? (146)

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

**15.3** 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? (147)

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

**15.4** How long has it been since your last breast exam? (148)

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

- 15.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)
- 1 Yes
  - 2 No [Go to Q15.7]
  - 7 Don't know / Not Sure [Go to Q15.7]
  - 9 Refused [Go to Q15.7]

- 15.6** How long has it been since you had your last Pap test? (150)
- 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
- 7 Don't know / Not sure
- 9 Refused

**If response to Q13.17 = 1 (is pregnant) then go to next section.**

- 15.7** Have you had a hysterectomy? (151)
- 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 16: Prostate Cancer Screening

---

**If respondent is 39 years old or younger, or is female, go to Q17.1.**

- 16.1** 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? (152)
- 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** How long has it been since you had your last PSA test? (153)

**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
- 7 Don't know
- 9 Refused

**16.3** 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? (154)

- 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** How long has it been since your last digital rectal exam? (155)

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

**16.5** Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (156)

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

## Section 17: Colorectal Cancer Screening

---

**If respondent is 49 years old or younger, go to Q18.1.**

**17.1** 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? (157)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

**17.2** How long has it been since you had your last blood stool test using a home kit? (158)

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

**17.3** 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? (159)

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

**17.4** How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

**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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

## Section 18: Family Planning

---

**If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1** Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[if female, insert “husband/partner,” if male, insert “wife/partner”]** doing anything now to keep **[if female, insert “you”, if male, insert “her”]** from getting pregnant? (161)

**NOTE: If more than one partner, consider usual partner.**

- |   |                                |                             |
|---|--------------------------------|-----------------------------|
| 1 | Yes                            |                             |
| 2 | No                             | <b>[Go to Q18.3]</b>        |
| 3 | No partner/not sexually active | <b>[Go to next section]</b> |
| 4 | Same sex partner               | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure          | <b>[Go to next section]</b> |
| 9 | Refused                        | <b>[Go to next section]</b> |

- 18.2** What are you or your **[if female, insert “husband/partner,” if male, insert “wife/partner”]** doing now to keep **[if female, insert “you,” if male, insert “her”]** from getting pregnant? (162–163)

**Read only if necessary:**

- |    |   |                             |
|----|---|-----------------------------|
| 01 | Tubes tied  | <b>[Go to next section]</b> |
| 02 | Hysterectomy (female sterilization)                   | <b>[Go to next section]</b> |
| 03 | Vasectomy (male sterilization)                        | <b>[Go to next section]</b> |
| 04 | Pill, all kinds (Seasonale, etc.)                     | <b>[Go to Q18.4]</b>        |
| 05 | Condoms (male or female)                              | <b>[Go to Q18.4]</b>        |
| 06 | Contraceptive implants (Jadelle or Implants)          | <b>[Go to Q18.4]</b>        |
| 07 | Shots (Depo-Provera)                                  | <b>[Go to Q18.4]</b>        |
| 08 | Shots (Lunelle)                                       | <b>[Go to Q18.4]</b>        |
| 09 | Contraceptive Patch                                   | <b>[Go to Q18.4]</b>        |
| 10 | Diaphragm, cervical ring, or cap (Nuvaring or others) | <b>[Go to Q18.4]</b>        |
| 11 | IUD (including Mirena)                                | <b>[Go to Q18.4]</b>        |
| 12 | Emergency contraception (EC)                          | <b>[Go to Q18.4]</b>        |
| 13 | Withdrawal  | <b>[Go to Q18.4]</b>        |
| 14 | Not having sex at certain times (rhythm)              | <b>[Go to Q18.4]</b>        |
| 15 | Other method (foam, jelly, cream, etc.)               | <b>[Go to Q18.4]</b>        |
| 77 | Don't know / Not sure                                 | <b>[Go to Q18.4]</b>        |
| 99 | Refused   | <b>[Go to Q18.4]</b>        |

**18.3** What is your main reason for not doing anything to keep [if female, insert “you,” if male, insert “your wife/partner”] from getting pregnant? (164–165)

**Read only if necessary:**

- 01 Didn't think you were going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **[Go to next section]**
- 09 You or your partner had a vasectomy (sterilization) **[Go to next section]**
- 10 You or your partner had a hysterectomy **[Go to next section]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if you get pregnant
- 16 Partner is pregnant now **[Go to next section]**

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

**18.4** How do you feel about having a child now or sometime in the future? Would you say: (166)

**Please read:**

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

**Do not read:**

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

**18.5** How soon would you want to have a child? Would you say: (167)

**Please read:**

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

**Do not read:**

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

## Section 19: Disability

---

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

**19.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

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

**19.2** 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? (169)

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

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

## Section 20: HIV/AIDS

---

**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 don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

**20.1** A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (170)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

**20.2** There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (171)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

**20.3** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

**Include saliva tests.**

- 1 Yes
- 2 No [Go to Q20.10]
- 7 Don't know / Not Sure [Go to Q20.10]
- 9 Refused [Go to Q20.10]

**20.4** In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173–174)

- Times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**20.5** Not including blood donations, in what month and year was your last HIV test? (175–180)

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

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

**20.6** I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (181–182)

\_\_\_ Reason code

**Please read:**

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 **IF FEMALE:** You were pregnant
- 07 It was done as a part of a routine medical check-up
- 08 Or you were tested for some other reason

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

**20.7** 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, in a drug treatment facility, at home, or somewhere else? (183–184)

- \_\_\_ Facility code
- 01 Private doctor or HMO
  - 02 Counseling and testing site
  - 03 Hospital
  - 04 Clinic
  - 05 Jail or prison
  - 06 Drug treatment facility
  - 07 At home
  - 08 Somewhere else

**Do not read**

- 77 Don't know / Not sure
- 99 Refused

**If Q20.7 is "04" (clinic) continue. If Q20.7 is "07" (at home) go to Q20.9. Otherwise, go to Q20.10**

**20.8** What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

**20.9** Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

**20.10** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't 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? (187)

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

**20.11** The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (188)

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

## Section 21: Firearms

---

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

**21.1** Are any firearms kept in or around your home? (189)

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

**21.2** Are any of these firearms now loaded? (190)

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

**21.3** Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (191)

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

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

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

### **Closing statement**

#### **Please read:**

That's 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: Diabetes

---

To be asked following core Q10.1 if response is "Yes." (code=1)

1. How old were you when you were told you have diabetes? (195–196)
 

__ __	Code age in years [97 = 97 and older]
9 8	Don't know / Not sure
9 9	Refused
  
2. Are you now taking insulin? (197)
 

1	Yes
2	No
9	Refused
  
3. Are you now taking diabetes pills? (198)
 

1	Yes
2	No
7	Don't know / Not sure
9	Refused
  
4. 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. (199–201)
 

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

5. 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.

(202–204)

1	___	___	Times per day
2	___	___	Times per week
3	___	___	Times per month
4	___	___	Times per year
8	8	8	Never
5	5	5	No feet
7	7	7	Don't know / Not sure
9	9	9	Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(205)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(206–207)

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

8. 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"?

(208–209)

___	___	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

If "no feet" to Q5, go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(210–211)

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

10. 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. (212)

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (213)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (214)

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

## Module 2: Sexual Behavior

---

**If respondent is 50 years old or older, go to next module.**

These next few questions are about your personal behavior, and I want to remind you that your answers are confidential.

1. During the past twelve months, with how many people have you had sexual intercourse? (215–216)

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

2. Was a condom used the last time you had sexual intercourse? (217)

- 1 Yes
- 2 No **[Go to Q4]**
- 7 Don't know / Not sure **[Go to Q4]**
- 9 Refused **[Go to Q4]**

3. The last time you had sexual intercourse, was the condom used — (218)

**Please Read:**

- 1 To prevent pregnancy
- 2 To prevent diseases like syphilis, gonorrhea, and AIDS
- 3 For both of these reasons

**Or**

- 3 For some other reason

**Do Not Read:**

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

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (219)

**Please read:**

Would you say —

- 1 Very effective
- 2 Somewhat effective

**Or**

- 3 Not at all effective

**Do not read these responses:**

- 4 Don't know how effective
- 5 Don't know method
- 9 Refused

5. How many new sex partners did you have during the past twelve months? (220–221)

**A new sex partner is someone the respondent had sex with for the first time in the past 12 months.**

\_\_\_ \_\_\_ Number [76 = 76 or more]

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

6. In the past five years, have you been treated for a sexually transmitted or venereal disease? (222)
- 1 Yes
  - 2 No [Go to next module]
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]
7. Were you treated at a health department STD clinic? (223)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

### Module 3: Hypertension Awareness

---

1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (224)
- 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 module]
  - 3 No [Go to next module]
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]
2. Are you currently taking medicine for your high blood pressure? (225)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 4: Cholesterol Awareness

---

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (226)

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. **About how long has it been since you last had your blood cholesterol checked?** (227)

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

3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (228)

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

## Module 5: 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? (229–230)

\_\_\_ \_\_\_ 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?  
(231–232)
- \_\_\_ \_\_\_ 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?  
(233–234)
- \_\_\_ \_\_\_ 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 you did not get enough rest or sleep?  
(235–236)
- \_\_\_ \_\_\_ Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused
5. During the past 30 days, for about how many days have you felt very healthy and full of energy?  
(237–238)
- \_\_\_ \_\_\_ Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

## Module 6: Indoor Air Quality

---

The next five questions are about the air quality in your home.

**Note: Home refers to the respondent's primary residence.**

1. Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?  
(239)
- Please read if necessary: Not a total electric furnace or boiler.**
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

2. Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer? (240)

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

3. During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home? (241–243)

**Note: If response is '777' probe for approximate number of days.**

\_\_\_ Number of days  
 555 Do not have  
 888 None  
 777 Don't know / Not sure  
 999 Refused

4. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home? (244)

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

5. Do you currently have mold in your home on an area greater than the size of a dollar bill? (245)

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

## Module 7: Home Environment

---

The next four questions are about water used in your home and home pest control practices.

1. What is the main source of your home water supply? (246)

**Please read if necessary: This refers to the water supply to taps or outlets inside the home.**

1 A city, county, or town water system  
 2 A small water system operated by a home association  
 3 A private well serving your home  
 4 Other source  
 7 Don't know / Not sure  
 9 Refused

2. Which of the following best describes the water that you drink at home **most often**? (247)

**Please read:**

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

**Do not read:**

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

3. During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests? (248–250)

**Please read if necessary: Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments.**

**Note: If response is '777' probe for approximate number of days.**

- \_\_\_ Number of days
- 888 None
- 777 Don't know / Not sure
- 999 Refused

4. During the past 12 months, on how many days were pesticides or chemicals applied in your yard or garden to kill plant, animal, or insect pests, including applications by lawn care services? (251–253)

**Please read if necessary: Do not include lime or fertilizer if no weed or bug killer used.**

**Note: If response is '777' probe for approximate number of days.**

- \_\_\_ Number of days
- 555 Do not have a yard or garden
- 888 None
- 777 Don't know/Not sure
- 999 Refused

## Module 8: Influenza

---

If Core Q12.1 or Q12.2 = 1 (yes), continue. Otherwise, go to next module.

1. At what kind of place did you get your last flu shot? (254–255)
- Read only if necessary:**
- Would you say —
- 01 A doctor's office or health maintenance organization
  - 02 A health department
  - 03 Another type of clinic or health center (Example: a community health center)
  - 04 A senior, recreation, or community center
  - 05 A store (Examples: supermarket, drug store)
  - 06 A hospital or emergency room
  - 07 Workplace
- Or**
- 08 Some other kind of place
- Do not read:**
- 77 Don't know
  - 99 Refused

## Module 9: Adult Asthma History

---

If "Yes" to core Q9.1, continue.

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? (256–257)
- \_\_\_ \_\_\_ 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

If "Yes" to core Q9.2, continue.

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (258)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (259–260)

- \_\_\_ \_\_\_ 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 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? (261–262)

- \_\_\_ \_\_\_ 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? (263–264)

- \_\_\_ \_\_\_ 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? (265–267)

- \_\_\_ \_\_\_ \_\_\_ 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? (268)

**Please read:**

Would you say —

- 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? (269)

**Please read:**

Would you say —

- 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 often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. (270)

**Please read:**

Would you say —

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day

**Or**

- 5 2 or more times every day

**Do not read:**

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

## Module 10: Childhood Asthma

---

If response to core Q13.6 is "88" (none) or "99" (refused), go to next module.

1. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (271–272)

- |       |                       |                            |
|-------|-----------------------|----------------------------|
| __ __ | Number of children    |                            |
| 8 8   | None                  | <b>[Go to next module]</b> |
| 7 7   | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 9   | Refused               | <b>[Go to next module]</b> |

2. [Fill in "Does this child" or "How many of these children" from Q1] still have asthma? (273–274)

If only one child from Q1 and response is "Yes" to Q2 code '01.' If response is "No" code '88.'

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

## Module 11: 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.

1. 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.
- a. **(Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)** (275)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- b. **(Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)** (276)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- c. **(Do you think) chest pain or discomfort (are symptoms of a heart attack?)** (277)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- d. **(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)** (278)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- e. **(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)** (279)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- f. **(Do you think)** shortness of breath **(is a symptom of a heart attack?)** (280)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

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

- a. **(Do you think)** sudden confusion or trouble speaking **(are symptoms of a stroke?)** (281)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- b. **(Do you think)** sudden numbness or weakness of face, arm, or leg, especially on one side, **(are symptoms of a stroke?)** (282)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- c. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a stroke?)** (283)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- d. **(Do you think)** sudden chest pain or discomfort **(are symptoms of a stroke?)** (284)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- e. **(Do you think)** sudden trouble walking, dizziness, or loss of balance **(are symptoms of a stroke?)** (285)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- f. **(Do you think) severe headache with no known cause (is a symptom of a stroke?)** (286)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (287)

**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 12: Cardiovascular Disease

---

1. To lower your risk of developing heart disease or stroke, are you —
- a. Eating fewer high fat or high cholesterol foods? (288)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- b. Eating more fruits and vegetables? (289)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- c.** More physically active? (290)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**2.** Within the past 12 months, has a doctor, nurse, or other health professional told you to —

- a.** Eat fewer high-fat or high-cholesterol foods? (291)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- b.** Eat more fruits and vegetables? (292)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- c.** Be more physically active? (293)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**3.** Has a doctor, nurse or other health professional ever told you that you had any of the following?

- a.** A heart attack, also called a myocardial infarction (294)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- b.** Angina or coronary heart disease (295)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- c. A stroke (296)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

If "Yes" to Q3a, continue. Otherwise, go to Q5.

4. At what age did you have your first heart attack? (297–298)
- 1 0 Code ages 10 years or less
  - Code age in years
  - 0 7 Don't know / Not sure
  - 0 9 Refused

If "Yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (299–300)
- 1 0 Code ages 10 years or less
  - Code age in years
  - 0 7 Don't know / Not sure
  - 0 9 Refused

If "Yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your [fill in "heart attack" if "yes" to Q3a or to Q3a and Q3c; fill in "stroke" if "Yes" to Q3c and "No" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (301)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

If respondent is aged 35 years or older continue with Q7. Otherwise, go to the next module.

7. Do you take aspirin daily or every other day? (302)
- 1 Yes [Go to Q9]
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (303)

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

- |   |                          |                            |
|---|--------------------------|----------------------------|
| 1 | Yes, not stomach related | <b>[Go to next module]</b> |
| 2 | Yes, stomach problems    | <b>[Go to next module]</b> |
| 3 | 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> |

9. Why do you take aspirin?

a. To relieve pain? (304)

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

b. To reduce the chance of a heart attack? (305)

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

c. To reduce the chance of a stroke? (306)

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

## Module 13: Folic Acid

---

1. Do you currently take any vitamin pills or supplements? (307)

**Include liquid supplements.**

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

2. Are any of these a multivitamin? (308)
- 1 Yes [Go to Q4]
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

3. Do any of the vitamin pills or supplements you take contain folic acid? (309)
- 1 Yes
  - 2 No [Go to Q5]
  - 7 Don't know / Not sure [Go to Q5]
  - 9 Refused [Go to Q5]

4. How often do you take this vitamin pill or supplement? (310–312)
- 1 \_\_\_ \_\_\_ Times per day
  - 2 \_\_\_ \_\_\_ Times per week
  - 3 \_\_\_ \_\_\_ Times per month
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**If respondent is 45 years old or older, go to next module.**

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (313)

**Please read:**

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure

**Or**

- 4 Some other reason

**Do not read:**

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

## Module 14: Other Tobacco Products

---

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (314)
- |   |                       |            |
|---|-----------------------|------------|
| 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 or snuff every day, some days, or not at all? (315)
- |   |                       |
|---|-----------------------|
| 1 | Every day             |
| 2 | Some days             |
| 3 | Not at all            |
| 7 | Don't know / Not sure |
| 9 | Refused               |

3. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product? (316)

**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               |

## Module 15: Smoking Cessation

---

If response to core Q7.2 is '3' continue, otherwise, if response to core Q7.2 is '1' or '2' go to Q2.

Previously you said you have smoked cigarettes.

1. About how long has it been since you last smoked cigarettes? (316–317)

**Read only if necessary:**

- |     |  |                            |
|-----|--|----------------------------|
| 0 1 | Within the past month (anytime less than 1 month ago)          | <b>[Continue to Q2]</b>    |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  | <b>[Continue to Q2]</b>    |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) | <b>[Continue to Q2]</b>    |
| 0 4 | Within the past year (6 months but less than 1 year ago)       | <b>[Continue to Q2]</b>    |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     | <b>[Go to next module]</b> |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  | <b>[Go to next module]</b> |
| 0 7 | 10 or more years ago   | <b>[Go to next module]</b> |
| 7 7 | Don't know / Not sure  | <b>[Go to next module]</b> |
| 9 9 | Refused  | <b>[Go to next module]</b> |

If response to Q1 is 01, 02, 03, or 04 OR if core Q7.2 is 1 or 2, continue.

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

2. In the past 12 months, how many times have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (319–320)

- |     |                         |                            |
|-----|-------------------------|----------------------------|
| ___ | Number of times (01–76) |                            |
| 8 8 | None                    | <b>[Go to next module]</b> |
| 7 7 | Don't know / Not sure   |                            |
| 9 9 | Refused                 |                            |

3. In the past 12 months, on how many visits were you advised to quit smoking by a doctor, or other health provider? (321–322)

- |     |                         |  |
|-----|-------------------------|--|
| ___ | Number of times (01–76) |  |
| 8 8 | None                    |  |
| 7 7 | Don't know / Not sure   |  |
| 9 9 | Refused                 |  |

4. On how many visits did your doctor, nurse, or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (323–324)

**(Pronunciation: Well-BYOU-trin/ZEYE-ban/byou-PRO-pee-on)**

\_\_\_ \_\_\_ Number of visits (01–76)  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (325–326)

\_\_\_ \_\_\_ Number of visits (01–76)  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

## Module 16: Secondhand Smoke Policy

---

1. Which statement best describes the rules about smoking inside your home? (327)

**Please read:**

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

**Or**

4 There are no rules about smoking inside your home

**Do not read:**

7 Don't know / Not sure  
 9 Refused

**If "employed" or "self-employed" to core Q13.8, continue. Otherwise, go to next module.**

2. While working at your job, are you indoors most of the time? (328)
- 1 Yes  
 2 No [Go to next module]  
 7 Don't Know / Not Sure [Go to next module]  
 9 Refused [Go to next module]

3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (329)

**Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.**

**Please read:**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

**Or**

- 4 No official policy

**Do not read:**

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

4. Which of the following best describes your place of work's official smoking policy for work areas? (330)

**Please read:**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

**Or**

- 4 No official policy

**Do not read:**

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

## Module 17: Arthritis Burden

---

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

1. **DURING THE PAST 30 DAYS**, have you had symptoms of pain, aching, or stiffness in or around a joint? (331)

- 1 Yes
- 2 No **[Go to Q4]**
- 7 Don't know / Not sure **[Go to Q4]**
- 9 Refused **[Go to Q4]**

2. Did your joint symptoms **FIRST** begin more than 3 months ago? (332)

- 1 Yes
- 2 No [Go to Q4]
- 7 Don't know / Not sure [Go to Q4]
- 9 Refused [Go to Q4]

3. Have you **EVER** seen a doctor or other health professional for these joint symptoms?

(333)

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

4. 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?

(334)

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

**Interviewer note: Arthritis diagnoses include:**

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

**If either Q2=1 or Q4=1 then continue. Otherwise, go to next module.**

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

(335)

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

**NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."**

**If age is between 18–64, continue. Otherwise go to next module.**

**Please read:**

In this next question we are referring to work for pay.

6. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (336)

**Note: If respondent says he/she is retired or out-of-work, reply: “Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?”**

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

## Module 18: Arthritis Management

---

**This section is only to be asked of respondents with chronic joint symptoms or doctor-diagnosed arthritis (Arthritis Burden Q2=1 OR Q4=1).**

1. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (337)

**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? (338)

- 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? (339)

**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? (340)

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

## Module 19: Binge Drinking

---

**Note: Ask if Core Q8.3 = 1-30 (or does not equal 77, 88, or 99)**

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

**Interviewer read only if necessary:**

Occasion means "in a row" or "within a few hours."

**If the respondent asks about how to count an oversized drink (e.g., a 40-ounce bottle of malt liquor), then repeat:**

One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

1. During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, did you drink? (341–342)

**(Round up)**

- \_\_\_ \_\_\_ 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, including wine coolers, hard lemonade, or hard cider, did you drink?

(343–344)

**Note: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.**

**(Round up)**

\_\_\_ \_\_\_ 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?

(345–346)

**(Round up)**

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

4. During this most recent occasion, where were you when you did most of your drinking?

(347)

**Please read:**

1 At your home, for example, your house, apartment, condominium, 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  
6 Other

**Do not read:**

7 Don't know / Not sure  
9 Refused

5. During this most recent occasion, how did you get most of the alcohol? (348)

**Please read:**

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store
- 3 I bought it at a restaurant, bar or public place
- 4 Other

**Do not read:**

- 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? (349)

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

## Module 20: Reactions to Race

---

Earlier I asked you about your race. Now I will ask you some questions about reactions to your race.

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? (350)

- 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

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? (351)
- 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

**Instructions to interviewer: 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 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? (352)
- 1 Worse than other races
  - 2 The same as other races
  - 3 Better than other races
  - 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 people of other races? (353)
- 1 Worse than other races
  - 2 The same as other races
  - 3 Better than other races
  - 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

**[Instructions to interviewer: 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 felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(354)

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

6. 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?

(355)

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