



**2006**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**January 23, 2006**

# Behavioral Risk Factor Surveillance System 2006 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?

**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, I will provide a telephone number for you to call to get more information.

### 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: 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? (84)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 5: Diabetes

---

- 5.1** Have you ever been told by a doctor that you have diabetes? (85)
- 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 6: Oral Health

---

- 6.1** 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. (86)

**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

- 6.2** 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.**

(87)

- 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 Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.**

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

## Section 7: 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."

**7.1** (Ever told) you had a heart attack, also called a myocardial infarction? (89)

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

**7.2** (Ever told) you had angina or coronary heart disease? (90)

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

**7.3** (Ever told) you had a stroke? (91)

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

## Section 8: Asthma

---

**8.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

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

**8.2** Do you still have asthma? (93)

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

## Section 9: Disability

---

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

- 9.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

- 9.2** 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? (95)
- Include occasional use or use in certain circumstances.**
- 1 Yes
  - 2 No
  - 7 Don't know / Not Sure
  - 9 Refused

## Section 10: Tobacco Use

---

- 10.1** Have you smoked at least 100 cigarettes in your entire life? (96)
- 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]

- 10.2** Do you now smoke cigarettes every day, some days, or not at all? (97)
- 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]

- 10.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 11: Demographics

---

- 11.1** What is your age? (99-100)
- Code age in years
- 0 7 Don't know / Not sure
  - 0 9 Refused

- 11.2** Are you Hispanic or Latino? (101)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 11.3** Which one or more of the following would you say is your race? (102-107)
- (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 Q11.3; continue. Otherwise, go to Q11.5**

11.4 Which one of these groups would you say best represents your race? (108)

- 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

11.5 Are you...? (109)

**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

11.6 How many children less than 18 years of age live in your household? (110-111)

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

11.7 What is the highest grade or year of school you completed? (112)

**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

11.8 Are you currently...?

(113)

**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

11.9 Is your annual household income from all sources—

(114-115)

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 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

**11.10** About how much do you weigh without shoes? (116-119)

**Note: If respondent answers in metrics, put "9" in column 116.**

**Round fractions up**

\_ \_ \_ \_ Weight  
 (pounds/kilograms)  
 7 7 7 7 Don't know / Not sure  
 9 9 9 9 Refused

**11.11** About how tall are you without shoes? (120-123)

**Note: If respondent answers in metrics, put "9" in column 120.**

**Round fractions down**

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

**11.12** What county do you live in? (124-126)

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

**11.13** What is your ZIP Code where you live? (127-131)

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

**11.14** 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. (132)

1 Yes  
 2 No **[Go to Q11.16]**  
 7 Don't know / Not sure **[Go to Q11.16]**  
 9 Refused **[Go to Q11.16]**

**11.15** How many of these telephone numbers are residential numbers? (133)

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

- 11.16** 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. (134)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 11.17** **Indicate sex of respondent. Ask only if necessary.** (135)
- 1 Male **[Go to next section]**
  - 2 Female **[If respondent is 45 years old or older, go to next section]**
- 11.18** To your knowledge, are you now pregnant? (136)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 12: Veteran's Status

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The next question relates to military service.

- 12.1** 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? (137)
- 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? (138)
- 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? (139-141)
- 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? (142-143)
- \_ \_ 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? (144-145)
- \_ \_ 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? (146-147)
- \_ \_ Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

## Section 14: Immunization/Adult Influenza Supplement

---

- 14.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)
- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

- 14.2** 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™. (149)
- 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused



**14.6s** Do you still have (this/any of these) problem(s)? (159)

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

**14.7s** Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

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

**14.8s** Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

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

**14.9** 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? (162)

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

**14.10** Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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

The next question is about behaviors related to Hepatitis B.

**14.11** Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

**CATI note: If female, do not read response #2**

You have hemophilia and have received clotting factor concentrate  
 You are a man who has had sex with other men, even just one time  
 You have taken street drugs by needle, even just one time  
 You traded sex for money or drugs, even just one time  
 You have tested positive for HIV  
 You have had sex (even just one time) with someone who would answer "yes" to any of these statements  
 You had more than two sex partners in the past year  
 Are any of these statements true for you?

(164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 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 questions ask 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?

(165-166)

- — Number of times **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

**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.

(167-168)

- — Number of falls **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say— (169)

**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? (170-171)

- — 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? (172)

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

**18.2** How long has it been since you had your last mammogram? (173)

**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? (174)

- 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? (175)

**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? (176)

- 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? (177)

**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 Q11.18 = 1 (is pregnant); then go to next section.**

**18.7** Have you had a hysterectomy? (178)

**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? (179)

- 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? (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)
- 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
- 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? (181)

- 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? (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)
- 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? (183)

- 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? (184)

- 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? (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 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
- 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? (186)
- |   |                       |                             |
|---|-----------------------|-----------------------------|
| 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> |

- 20.4** How long has it been since you had your last sigmoidoscopy or colonoscopy? (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 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  |

**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. (188)
- |   |                       |                             |
|---|-----------------------|-----------------------------|
| 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> |

- 21.2** Not including blood donations, in what month and year was your last HIV test? (189–194)

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

- |         |                       |
|---------|-----------------------|
| --/ /-- | Code month and year   |
| 77/7777 | Don't know / Not sure |
| 99/9999 | Refused               |

**21.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

**CATI note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.**

**21.4** Was it a rapid test where you could get your results within a couple of hours? (197)

- 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.”** (198)

**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?

(199)

**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**

#### **Please read:**

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

## Optional Modules

### Module 1: Random Child Selection

---

**CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.**

**If Core Q11.6 = 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 Q11.6 is >1 and Core Q11.6 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? (200-205)
- |               |                       |
|---------------|-----------------------|
| _ _ / _ _     | 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? (206)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic or Latino? (207)

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? (208-213)

**[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? (214)

- 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? (215)

**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 2: Child Influenza Vaccination Supplement

**CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.**

1. Has a doctor, nurse, or other health professional ever said that **[Fill: he/she]** has any of the following health problems? (216)

**Read each problem listed below:**

Lung problems, including asthma  
 Heart problems  
 Diabetes  
 Kidney problems  
 Sickle Cell Anemia or other anemia  
 Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

**-Or-**

Take aspirin every day

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

2. Does **[Fill: he/she]** still have (this/any of these) problem(s)? (217)

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

**CATI note: If child is less than 6 months old, go to next module; otherwise continue.**

3. During the past 12 months, has **[Fill: he/she]** had a flu shot or flu vaccine sprayed in the nose? (218)

- |   |                       |                   |
|---|-----------------------|-------------------|
| 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> |

4. During what month and year did **[Fill: he/she]** receive the most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (219-224)

- |                             |   |
|-----------------------------|---|
| <u>  </u> / <u>  </u>       | Month / Year  |
| <u>7 7</u> / <u>7 7 7 7</u> | Don't know / Not sure <b>(Probe: "Was it before September 2005?" Code approximate month and year)</b> |
| 9 9 / 9 9 9 9               | Refused   |

**CATI note: If Q4 is before 09/2005 or Q4 = 77/777 (Don't know) or 99/9999 (Refused); continue. Otherwise, go to next module.**

5. What is the MAIN reason [Fill: he/she] has not received a flu vaccination for this current flu season? (225-226)

**INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.**

**Do not read answer choices below. Select category that best matches response.**

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (Probe: "What was the main reason?")
- 9 9 Refused

### Module 3: Childhood Asthma Prevalence

---

**CATI note: If response to Core Q11.6 = 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? (227)
- 1 Yes
  - 2 No [Go to next module]
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]
2. Does the child still have asthma? (228)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 4: Diabetes

---

### To be asked following Core Q5.1 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. Are you now taking diabetes pills? (232)

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. (233-235)

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. (236-238)

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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (239)
- 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? (240-241)
- — 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"? (242-243)
- — 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 Q5 = 555 (No feet), 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? (244-245)
- — 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. (246)

**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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (247)
- 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? (248)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 5: Visual Impairment and Access to Eye Care

---

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

I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (249)
- Please read:**
- 1 No difficulty
  - 2 A little difficulty
  - 3 Moderate difficulty
  - 4 Extreme difficulty
  - 5 Unable to do because of eyesight
  - 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 newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say— (250)

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 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? (251)

**Read only if necessary:**

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

**Do not read:**

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

4. What is the main reason you have not visited an eye care professional in the past 12 months? (252-253)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: Skip Q5, if any response to Module 4 (Diabetes) Q10.**

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. (254)

**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? (255)

- 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? (256)

- 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? (257)

- 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 blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macula, the part of the eye that allows you to see fine detail.

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? (258)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 8 Not applicable (Blind) **[Go to next module]**
  - 9 Refused
10. Have you EVER had an eye injury that occurred at your workplace while you were doing your work? (259)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 6: 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? (260-261)
- – 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? (262-263)
- – 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? (264-265)
- – 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? (266-267)

– – 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? (268-269)

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

## Module 7: Adult Asthma History

---

**CATI note: If "Yes" to Core Q8.1, 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? (270-271)

– – 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 Q8.2, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (272)

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? (273-274)

– – 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? (275-276)

- — 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? (277-278)

- — 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? (279-281)

- — — 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 — (282)

**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 —

(283)

**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?

(284)

**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? (285)

**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 8: Family Planning

---

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

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.

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? (286)

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

- 1 Yes
- 2 No **[Go to Q3]**
- 3 No partner/not sexually active **[Go to next module]**
- 4 Same sex partner **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

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?

(287-288)

**Read only if necessary:**

01	Tubes tied	<b>[Go to next module]</b>
02	Hysterectomy (female sterilization)	<b>[Go to next module]</b>
03	Vasectomy (male sterilization)	<b>[Go to next module]</b>
04	Pill, all kinds (Seasonale, etc.)	<b>[Go to Q4]</b>
05	Condoms (male or female)	<b>[Go to Q4]</b>
06	Contraceptive implants (Jadelle or Implants)	<b>[Go to Q4]</b>
07	Shots (Depo-Provera)	<b>[Go to Q4]</b>
08	Contraceptive Ring (Nuvaring or others)	<b>[Go to Q4]</b>
09	Contraceptive Patch	<b>[Go to Q4]</b>
10	Diaphragm, cervical ring, or cap	<b>[Go to Q4]</b>
11	IUD (including Mirena)	<b>[Go to Q4]</b>
12	Emergency contraception (EC)	<b>[Go to Q4]</b>
13	Withdrawal	<b>[Go to Q4]</b>
14	Not having sex at certain times (rhythm)	<b>[Go to Q4]</b>
15	Other method (foam, jelly, cream, etc.)	<b>[Go to Q4]</b>

**Do not read:**

77	Don't know / Not sure	<b>[Go to Q4]</b>
99	Refused	<b>[Go to Q4]</b>

3. What is your main reason for not doing anything to keep **[If female, insert “you”, if male, insert “her”]** from getting pregnant?

(289-290)

**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)	<b>[Go to next module]</b>
09	You or your partner had a vasectomy (sterilization)	<b>[Go to next module]</b>
10	You or your partner had a hysterectomy	<b>[Go to next module]</b>
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	<b>[Go to next module]</b>

**Do not read:**

77	Don't know / Not sure
99	Refused

4. How do you feel about having a child now or sometime in the future? Would you say: (291)

**Please read:**

- |   |                                    |                            |
|---|------------------------------------|----------------------------|
| 1 | You don't want to have one         | <b>[Go to next module]</b> |
| 2 | You do want to have one            | <b>[Go to Q5]</b>          |
| 3 | You're not sure if you do or don't | <b>[Go to next module]</b> |

**Do not read:**

- |   |                       |                            |
|---|-----------------------|----------------------------|
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |

5. How soon would you want to have a child? Would you say: (292)

**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               |

## Module 9: Folic Acid

---

1. Do you currently take any vitamin pills or supplements? (293)

**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? (294)

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

3. Do any of the vitamin pills or supplements you take contain folic acid? (295)
- 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? (296-298)
- 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... (299)
- 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 10: Secondhand Smoke Policy

---

1. Which statement best describes the rules about smoking inside your home? (300)

**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

**CATI note: If response to Core Q11.8 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next module.**

2. While working at your job, are you indoors most of the time? (301)

- 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? (302)

**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? (303)

**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 11: 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? (304)

**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? (305)

- 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? (306-308)

**Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.**

- — — Number of days
- 5 5 5 Do not have

8 8 8 None  
7 7 7 Don't know / Not sure  
9 9 9 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? (309)
- 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? (310)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Module 12: 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? (311)
- 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? (312)
- 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? (313-315)

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

**Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.**

\_\_\_ Number of days  
 8 8 8 None  
 7 7 7 Don't know / Not sure  
 9 9 9 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? (316-318)

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

**Note: If response is 777 (Don't know/Not sure) probe for approximate number of days.**

\_\_\_ Number of days  
 5 5 5 Do not have a yard or garden  
 8 8 8 None  
 7 7 7 Don't know/Not sure  
 9 9 9 Refused

## Module 13: Reactions to Race

---

Earlier I asked you to self-identify your race. Now I will ask 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? (319)

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? (320)
- 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. 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 other races, the same as other races, better than other races, or worse than some races but better than others? (321)
- 1 Worse than other races
  - 2 The same as other races
  - 3 Better than other races
  - 4 Worse than some races, better than others

**Do not read:**

- 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 other races, the same as other races, better than other races, or worse than some races but better than others? (322)
- 1 Worse than other races
  - 2 The same as other races
  - 3 Better than other races
  - 4 Worse than some races, better than others

**Do not read:**

- 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 12 months on average, how often 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? (323)
- 1 Never
  - 2 No more than once a year
  - 3 At least once a month
  - 4 At least once a week
  - 5 At least once a day
  - 6 At least once an hour
  - 8 Constantly
  - 7 Don't know / Not sure
  - 9 Refused

6. Within the past 12 months on average, how often have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (324)
- 1 Never
  - 2 No more than once a year
  - 3 At least once a month
  - 4 At least once a week
  - 5 At least once a day
  - 6 At least once an hour
  - 8 Constantly
  - 7 Don't know / Not sure
  - 9 Refused

## Module 14: 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?  
(325-326)  
-- 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?  
(327-328)  
-- 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?  
(329-330)  
-- 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?  
(331-332)  
-- 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?  
(333-334)  
-- 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? (335-336)
- |     |                       |
|-----|-----------------------|
| --  | 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? (337-338)
- |     |                       |
|-----|-----------------------|
| --  | 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? (339-340)
- |     |                       |
|-----|-----------------------|
| --  | 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)? (341)
- |   |                       |
|---|-----------------------|
| 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)? (342)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Module 15: Sexual Violence

---

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

### Are you in a safe place to answer these questions?

(343)

- 1 Yes
- 2 No **[Go to closing statement]**

My first questions are about unwanted sexual experiences you may have had.

1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

(344)

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

2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

(345)

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

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina **[If female]**, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

3. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

(346)

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

4. Has this happened in the past 12 months? (347)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

5. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (348)
- 1 Yes
  - 2 No [Go to Q7]
  - 7 Don't know / Not sure [Go to Q7]
  - 9 Refused [Go to Q7]

6. Has this happened in the past 12 months? (349)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI note: If Q3 = 1 (Yes) or Q5 = 1 (Yes); continue. Otherwise, read closing statement.**

7. Think about the time of the most recent incident involving a person who **had sex with you** –or- **attempted to have sex with you** after you said or showed that you didn't want to or without your consent? What was that person's relationship to you? (350-351)

**Do not read:**

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators [Go to closing statement]
- 7 7 Don't know / Not sure
- 9 9 Refused

8. Was the person who did this male or female?

(352)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

**Closing Statement:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

## Module 16: Intimate Partner Violence

---

### **INTERVIEWER'S SCRIPT: For use if SV module has been administered:**

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

### **INTERVIEWER'S SCRIPT: For use if SV module has not been administered:**

The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

### **Are you in a safe place to answer these questions?**

(353)

- 1 Yes
- 2 No **[Go to closing statement]**

1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

(354)

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

2. Has an intimate partner EVER ATTEMPTED physical violence against your? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO. (355)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

3. Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way? (356)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**INTERVIEWER'S SCRIPT: For use when both SV and IPV modules are being administered:**

Now, I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.

**INTERVIEWER'S SCRIPT: For use when only IPV module is being administered:**

Now, I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

4. Have you EVER experienced any unwanted sex by a current or former intimate partner? (357)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI note: If Q3 = 1 (Yes) or Q4 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.**

5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? (358)
- 1 Yes
  - 2 No [Go to Q7]
  - 7 Don't know / Not sure [Go to Q7]
  - 9 Refused [Go to Q7]

6. In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?

(359)

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

7. **At the time of the most recent incident** involving an intimate partner who **was physically violent**—or—**had unwanted sex** with you, what was that person's relationship to you?

(360-361)

**Do not read:**

- 0 1 Current boyfriend
- 0 2 Current girlfriend
- 0 3 Former boyfriend
- 0 4 Former girlfriend
- 0 5 Fiancé (male)
- 0 6 Fiancé (female)
- 0 7 Male you were dating
- 0 8 Female you were dating
- 0 9 Female first date
- 1 0 Male first date
- 1 1 Husband or male live-in partner
- 1 2 Wife or female live-in partner
- 1 3 Former husband or former male live-in partner
- 1 4 Former wife or former female live-in partner
- 1 5 Other
- 7 7 Don't know / Not sure
- 9 9 Refused

**Closing Statement:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat the number?

## Module 17: General Preparedness

---

The next series of questions asks about large-scale disasters or emergencies. 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.

Some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question that you do not want to answer.

1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say... (362)

**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 disaster evacuation plan, a written plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (363)

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

3. 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. (364)

- 1 Yes
- 2 No
- 3 Don't know / Not sure
- 4 Refused

4. Does your household have a 3-day supply of non-perishable food for everyone who lives there? By non-perishable we mean food that does not require refrigeration or cooking. (365)

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

5. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines? (366)
- 1 Yes
  - 2 No
  - 3 No one in household requires prescribed medicine
  - 7 Don't know / Not sure
  - 9 Refused
6. Does your household have a working battery operated radio and working batteries for your use if the electricity is out? (367)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
7. Does your household have a working flashlight and working batteries for your use if the electricity is out? (368)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
8. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate? (369)
- 1 Yes **[Go to Q10]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
9. What would be the main reason you might not evacuate if asked to do so? (370-371)
- Read only if necessary:**
- 01 Lack of transportation
  - 02 Lack of trust in public officials
  - 03 Concern about leaving property behind
  - 04 Concern about personal safety
  - 05 Concern about family safety
  - 06 Concern about leaving pets
  - 07 Other
- Do not read:**
- 77 Don't know / Not sure
  - 99 Refused

10. In a large-scale disaster or emergency, what would be your main method of communicating with relatives and friends? (372)

**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

11. What would be your main method of getting information from authorities in a large-scale disaster or emergency? (373)

**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