



2005

Behavioral Risk Factor Surveillance System

Questionnaire

January 14, 2005

Behavioral Risk Factor Surveillance System 2005 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?

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 (1-12 months ago)
- 2 Within past 2 years (1-2 years ago)
- 3 Within past 5 years (2-5 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?

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.

(85)

- 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: Hypertension Awareness

- 6.1** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

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

- 6.2** Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

- 7.1** Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (88)

- | | | |
|---|-----------------------|-----------------------------|
| 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** About how long has it been since you last had your blood cholesterol checked? (89)

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 |

- 7.3** Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (90)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 8: Cardiovascular Disease Prevalence

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

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

- 8.1** (Ever told) you had a heart attack, also called a myocardial infarction? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.2** (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.3** (Ever told) you had a stroke? (93)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Asthma

- 9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

- 9.2** Do you still have asthma? (95)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10: Immunization

- 10.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.2** 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™. (97)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.3** 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? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life? (99)
- NOTE: 5 packs = 100 cigarettes**
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (100)
- 1 Every day
 - 2 Some days
 - 3 Not at all [Go to next section]
 - 7 Don't know/Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Alcohol Consumption

- 12.1** 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? (102)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]

- 12.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103–105)
- 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

- 12.3** 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?** (106-107)
- _ _ Number of drinks
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 12.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (108–109)
- | | |
|-----|-----------------------|
| – – | Number of times |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

- 12.5** During the past 30 days, what is the largest number of drinks you had on any occasion? (110–111)
- | | |
|-----|-----------------------|
| – – | Number of times |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 13: Demographics

- 13.1** What is your age? (112–113)
- | | |
|-----|-----------------------|
| – – | Code age in years |
| 0 7 | Don't know / Not sure |
| 0 9 | Refused |

- 13.2** Are you Hispanic or Latino? (114)
- | | |
|---|-----------------------|
| 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? (115–120)

(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 Q13.3, continue. Otherwise, go to Q13.5

13.4 Which one of these groups would you say best represents your race? (121)

- 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...? (122)

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? (123–124)

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

13.7 What is the highest grade or year of school you completed? (125)

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...? (126)

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— (127–128)

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

13.10 About how much do you weigh without shoes? (129–132)

Note: If respondent answers in metrics, put “9” in column 129.

Round fractions up

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

13.11 About how tall are you without shoes? (133–136)

Note: If respondent answers in metrics, put “9” in column 133.

Round fractions down

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

- 13.12** What county do you live in? (137–139)
- — — FIPS county code
 7 7 7 Don't know / Not sure
 9 9 9 Refused
- 13.13** What is your ZIP Code where you live? (140-144)
- — — — ZIP Code
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused
- 13.14** 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. (145)
- 1 Yes
 2 No [Go to Q13.16]
 7 Don't know / Not sure [Go to Q13.16]
 9 Refused [Go to Q13.16]
- 13.15** How many of these telephone numbers are residential numbers? (146)
- Residential telephone numbers [6=6 or more]
 7 Don't know / Not sure
 9 Refused
- 13.16** 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. (147)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused
- 13.17** Indicate sex of respondent. Ask only if necessary. (148)
- 1 Male [Go to next section]
 2 Female [If respondent is 45 years old or older, go to next section]
- 13.18** To your knowledge, are you now pregnant? (149)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Section 14: Veteran's Status

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.

- 14.1** 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? (150)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 15: Disability

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

- 15.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused
- 15.2** 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? (152)
- Include occasional use or use in certain circumstances.**
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 16: Arthritis Burden

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

16.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.2 Did your joint symptoms first begin more than 3 months ago? (154)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.3 Have you ever seen a doctor or other health professional for these joint symptoms? (155)

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

16.4 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? (156)

- 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)

CATI note: If either Q16.2=1 (Yes) or Q16.4=1 (Yes) then continue. Otherwise, go to next section.

- 16.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)
- 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."

Section 17: Fruits and Vegetables

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

- 17.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 4 __ Per year
 - 5 5 Never
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 17.2** Not counting juice, how often do you eat fruit? (161-163)
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 4 __ Per year
 - 5 5 Never
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 17.3** How often do you eat green salad? (164-166)
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 4 __ Per year
 - 5 5 Never
 - 7 7 Don't know / Not sure
 - 9 9 Refused

- 17.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 4 __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

- 17.5** How often do you eat carrots? (170-172)
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 4 __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

- 17.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)
- 1 __ Per day
 - 2 __ Per week
 - 3 __ Per month
 - 4 __ Per year
 - 5 5 5 Never
 - 7 7 7 Don't know / Not sure
 - 9 9 9 Refused

Section 18: Physical Activity

CATI note: If Core Q13.8=1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q18.2.

- 18.1** When you are at work, which of the following best describes what you do? Would you say— (176)

If respondent has multiple jobs, include all jobs.

Please read:

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

Do not read:

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

Please read:

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

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

(177)

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

18.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

(178-179)

- __ Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
- 7 7 Don't know / Not sure [Go to Q18.5]
- 9 9 Refused [Go to Q18.5]

18.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(180-182)

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

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

(183)

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

18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(184-185)

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

18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (186-188)

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

Section 19: 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.

19.1 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. (189)

- 1 Yes
- 2 No [Go to Q19.4]
- 7 Don't know / Not Sure [Go to Q19.4]
- 9 Refused [Go to Q19.4]

19.2 Not including blood donations, in what month and year was your last HIV test? (190-195)

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

19.3 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 home, or somewhere else? (196-197)

- 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

19.4 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(198)

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

Section 20: Emotional Support and Life Satisfaction

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

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

(199)

Please read:

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

Do not read:

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

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

(200)

Please read:

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

Do not read:

- 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 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: 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? (201–202)

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

2. Are you now taking insulin? (203)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (204)

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. (205–207)

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.

(208–210)

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?

(211)

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?

(212–213)

___	___	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"?

(214–215)

___	___	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?

(216–217)

___	___	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. (218)

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

Do not read:

- 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? (219)

- 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? (220)

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

Module 3: Visual Impairment and Access to Eye Care

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.

CATI note: If respondent is <50 years of age; Go to next module.

1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say— (224)

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
- 9 Refused

2. How much difficulty, if any, do you have watching television? Would you say— (225)

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
- 9 Refused

3. How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say— (226)

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
- 9 Refused

4. When was the last time you visited ANY eye care professional? (227)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) [Go to Q6]
- 2 Within the past year (1 month but less than 12 months ago) [Go to Q6]
- 3 Within the past 2 years (more than 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
- 9 Refused

CATI note: Ask Q5 only if Q4=3-7 or 9.

5. What is the main reason you have not visited an eye care professional in the past 12 months? (228-229)

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
- 0 8 Not Applicable (Blind) [Go to next module]

Do not read:

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

CATI note: Skip Q6, if response to Module 1.Q10=1, 2, 3, 4, 7, 8, or 9

6. 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. (230)

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 (more than 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
- 9 Refused

7. Do you have any kind of health insurance coverage for eye care? (231)

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

8. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (232)

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 9 Refused

9. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (233)

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

10. Macular Degeneration (MD) is a disease that blurs the sharp, central vision you need for “straight-ahead” activities such as reading, sewing, and driving. MD affects the macula, the part of the eye that allows you to see fine detail.

Have you EVER been told by an eye doctor or other health care professional that you had macular degeneration?

(234)

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

11. Have you EVER had an eye injury that occurred at your workplace while you were doing your work?

(235)

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

12. About how many days did this injury cause you to miss work?

(236-238)

- — — Number of days
- 5 5 5 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Module 5: Cardiovascular Health

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

CATI note: If Core Q8.1=1 (Yes), ask Q1. If Core Q8.1=2, 7, or 9, skip Q1.

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q8.3=1 (Yes), ask Q2. If Core Q8.3=2, 7, or 9 (No, Don't know, or Refused), skip Q2.

2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day? (251)

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

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (252)

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

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

Module 6: Actions to Control High Blood Pressure

CATI note: If Core Q6.1=1 (Yes); continue. Otherwise, ⇨Go to next section.

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

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (253)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (254)
 - 1 Yes
 - 2 No
 - 3 Do not use salt
 - 7 Don't know / Not sure
 - 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (255)
 - 1 Yes
 - 2 No
 - 3 Do not drink
 - 7 Don't know / Not sure
 - 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (256)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (257)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (258)
- 1 Yes
 - 2 No
 - 3 Do not use salt
 - 7 Don't know / Not sure
 - 9 Refused
7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (259)
- 1 Yes
 - 2 No
 - 3 Do not drink
 - 7 Don't know / Not sure
 - 9 Refused
8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (260)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (261)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (262)

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

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

Module 13: Women's Health

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

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (314)

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

2. How long has it been since you had your last mammogram? (315)

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

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? (316)

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

4. How long has it been since your last breast exam? (317)

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

5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (318)

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

6. How long has it been since you had your last Pap test? (319)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q13.18 = 1 (is pregnant) then go to next module).

7. Have you had a hysterectomy? (320)

Read only if necessary:

A hysterectomy is an operation to remove the uterus (womb).

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

Module 21: Smoking Cessation

CATI response: If response to core Q11.2=3 (Not at all), continue. If response to core Q11.2=1 (Every day) or 2 (Some days), go to Q2. If Core11.2=7 or 9 (Don't know or Refused), go to next module.

Previously you said you have smoked cigarettes.

1. About how long has it been since you last smoked cigarettes? (355–356)

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) **[Continue to Q2]**
- 0 2 Within the past 3 months (1 month but less than 3 months ago) **[Continue to Q2]**
- 0 3 Within the past 6 months (3 months but less than 6 months ago) **[Continue to Q2]**
- 0 4 Within the past year (6 months but less than 1 year ago) **[Continue to Q2]**
- 0 5 Within the past 5 years (1 year but less than 5 years ago) **[Go to next module]**
- 0 6 Within the past 10 years (5 years but less than 10 years ago) **[Go to next module]**
- 0 7 10 or more years ago **[Go to next module]**

Do not read:

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

CATI note: If response to Q1=01, 02, 03, or 04 OR if core Q11.2 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? (357–358)

___ ___ Number of times (01–76)
8 8 None **[Go to next module]**
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? (359–360)

___ ___ 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? (361–362)

(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? (363–364)

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

Module 24: 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?

(371)

- 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

Module 25: Sexual Violence

I'd like to ask you some questions about 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. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

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

1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies. (377)

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

2. 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? (378)

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

INTERVIEWER'S SCRIPT: For use in the second module when both Module 25 and Module 26 are being administered and one immediately follows the other: "Now I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. However, it is important that we ask these questions here".

INTERVIEWER'S SCRIPT: For use when only one module (either Module 25 or Module 26) is included: "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".

3. In the past 12 months, has anyone 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? (379)

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

4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent. (380)

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

Cati Note: Ask Q5 only if Q3 or Q4=1 (Yes).

[Cati Instruction]: Apply the following logic:

If Q4=1 (regardless of response to Q3) then Q5 reads "...the person who had sex with you..."

If Q4=2 and Q3=1 then Q5 reads "...the person who attempted to have sex with you..."

5. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent. (381-382)

Do not read:

0 1 Complete stranger
 0 2 A person known for less than 24 hours
 0 3 Acquaintance
 0 4 Friend
 0 5 Date
 0 6 Current boyfriend/girlfriend
 0 7 Former boyfriend/ girlfriend
 0 8 Spouse or live-in partner
 0 9 Ex-spouse or ex live-in partner
 1 0 Co-worker
 1 1 Neighbor
 1 2 Parent
 1 3 Step-parent
 1 4 Parent's partner
 1 5 Other relative
 1 6 Other non-relative
 1 7 Multiple perpetrators (skip gender)
 7 7 Don't know / Not sure
 9 9 Refused

INTERVIEWER NOTE: If the respondent indicates the gender of the person, please complete question 6. If the respondent does not indicate the gender of the person, please ask question 6.

6. Was the person who did this male or female? (383)
- 1 Male
 - 2 Female
 - 7 Don't know / Not sure
 - 9 Refused

Cati Note: If Q3=2, 7, 9 (No, Don't know, Refused); continue. Otherwise, go to Q8.

7. 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? (384)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Cati Note: If Q4=2, 7, 9 (No, Don't know, Refused); continue. Otherwise, read closing statement.

8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (385)
- 1 Yes
 - 2 No
 - 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?