



2003

**Behavioral Risk Factor Surveillance System
State Questionnaire**

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

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Interviewer's Script

Interviewer's Script from Field Test

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

Is this **(phone number)** ? If "no" Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? If "no" Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 women below (Ask gender if necessary). Go to page 7

If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of 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 7

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

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Core Sections

Section 1:

Health Status

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

Please read:

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

Or

- 5 Poor

Do not read:

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

1.2 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

1.3 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 Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

- 1.4** 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 2:

Health Care Access

- 2.1** 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

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

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

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

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

Section 3:

Exercise

- 3.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (83)

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

Section 4:

Diabetes

- 4.1 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?")

- (84)
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5:

Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

- (85)
- 1 Yes
 - 2 Yes, but female told only during pregnancy **[Go to next section]**
 - 3 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

- 5.2 Are you currently taking medicine for your high blood pressure?

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

Section 6:

Cholesterol Awareness

- 6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- (87)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

6.2 About how long has it been since you last had your blood cholesterol checked? (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
- 7 Don't know / Not sure
- 9 Refused

6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

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

Section 7:

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.

7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 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

7.2 Not counting juice, how often do you eat fruit? (93-95)

- 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

- 7.3** How often do you eat green salad? (96-98)
- 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
- 7.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)
- 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
- 7.5** How often do you eat carrots? (102-104)
- 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
- 7.6** 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.) (105-107)
- 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 8:

Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes **[Go to Q8.3]**
 2 No
 7 Don't know / Not sure
 9 Refused

- 8.2** Are you now trying to maintain your current weight that is to keep from gaining weight? (109)
- 1 Yes
 - 2 No [**Go to Q8.6**]
 - 7 Don't know / Not sure [**Go to Q8.6**]
 - 9 Refused [**Go to Q8.6**]

- 8.3** Are you eating either fewer calories or less fat to... (110)
- lose weight? [**if "Yes" to Q8.1**]
- keep from gaining weight? [**If "Yes", to Q8.2**]

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

- 8.4** Are you using physical activity or exercise to (111)
- lose weight? [**If "Yes" to Q8.1**]
- keep from gaining weight? [**If "Yes" to Q8.2**]

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

- 8.5** In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

(112)

Section 9:

Asthma

- 9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)
- 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? (114)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10:

Immunization

- 10.1** During the past 12 months, have you had a flu shot? (115)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10.2** Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (116)
- 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? (117)
- 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? (118)

- 1 Everyday
- 2 Some days
- 3 Not at all **[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? (119)

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

Section 12:

Alcohol Consumption

12.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (120-122)

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

12.2 On the days when you drank, about how many drinks did you drink on the average? (123-124)

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

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (125-126)

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

Section 13:

Excess Sun Exposure

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

13.1 Have you had a sunburn within the past 12 months? (127)

- 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 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (128)

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

Section 14:

Demographics

14.1 What is your age? (129-130)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino? (131)

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

14.3 Which one or more of the following would you say is your race?
(Check all that apply) (132-137)

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

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (138)

- 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

14.5 Are you? (139)

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

14.6 How many children less than 18 years of age live in your household? (140-141)

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

14.7 What is the highest grade or year of school you completed? (142)

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

14.8 Are you currently? (143)

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

14.9 Is your annual household income from all sources? (144-145)

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

Read as appropriate:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**

- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

14.10 About how much do you weigh without shoes? (146-148)

Round fractions up

__ __ __ Weight
pounds
7 7 7 Don't know / Not sure
9 9 9 Refused

14.11 How much would you like to weigh? (149-151)

__ __ __ Weight
pounds
7 7 7 Don't know / Not sure
9 9 9 Refused

14.12 About how tall are you without shoes? (152-154)

Round fractions down

__ / __ __ Height
ft / inches
7 7 7 Don't know / Not sure
9 9 9 Refused

14.13 What county do you live in? (155-157)

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

14.14 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. (158)

1 Yes

- 2 No **[Go to Q14.16]**
- 7 Don't know / Not sure **[Go to Q14.16]**
- 9 Refused **[Go to Q14.16]**

14.15 How many of these phone numbers are residential numbers? (159)

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

14.16 During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters. (160)

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

14.17 Indicate sex of respondent. Ask only if necessary. (161)

- 1 Male **[Go to next section]**
- 2 Female

If respondent 45 years old or older, go to next section.

14.18 To your knowledge, are you now pregnant? (162)

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

Section 15:

Arthritis

15.1 "The next questions refer to your joints. Please do **NOT** include the back or neck. **"DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.2 Did your joint symptoms **FIRST** begin more than 3 months ago? (164)

- 1 Yes

- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.3 Have you **EVER** seen a doctor or other health professional for these joint symptoms? (165)

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

15.4 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? (166)

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

Interviewer note: Arthritis diagnoses include:

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

IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)

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

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

***IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

15.6 "In this next question we are referring to work for pay. "Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?" (168)

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

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

Section 16:

Falls

To be asked only of people 45 years or older.

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

16.1 In the past 3 months, have you had a fall? (169)

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

16.2 Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

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

Section 17:

Disability

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

17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

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

- 17.2** 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?
(172)

Include occasional use or use in certain circumstances

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

Section 18:

Physical Activity

If "employed" or "self-employed" to core Q14.8 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?
(173)

If respondent has multiple jobs, include all jobs

Please read:

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

Do not read:

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

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?
(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**]

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes?
(175-176)

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

(177-179)

__:__ 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?

(180)

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?

(181-182)

__ Days per week

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

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[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?

(183-185)

__:__ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

Section 19:

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.

19.1 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?

(186)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

[Go to next section]

[Go to next section]

[Go to next section]

19.2 Which of the following best describes your service in the United States military? (187)

Please read:

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit
[Go to next section]
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

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

19.3 In the last 12 months have you received some or all of your health care from VA facilities? (188)

If "yes" probe for "all" or "some" of the health care.

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

Section 20:

HIV / AIDS

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

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

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

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

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

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

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

20.3 How important do you think it is for people to know their HIV status by getting tested? (191)

Please read:

Would you say?

- 1 Very important
 - 2 Somewhat important
- Or**
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

[Include saliva tests]

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

20.5 Not including blood donations, in what month and year was your last HIV test?

[include saliva tests]

(193-198)

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

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

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (199-200)

Please read:

___ ___ Reason code

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

Do not read:

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

20.7 Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?
(201-202)

- __ __ Facility code
- 01 Private doctor or HMO
 - 02 Counseling and testing site
 - 03 Hospital
 - 04 Clinic
 - 05 In a jail or prison (or other correctional facility)
 - 06 Home
 - 07 Somewhere else
 - 77 Don't know / Not sure
 - 99 Refused

20.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.
(203)

- 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?

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

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

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (204)

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

Closing Statement

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

OR

Transition to Modules and/or State-added Questions.

OPTIONAL MODULES

Module 1:

Diabetes

To be asked following core Q4.1 if response is "Yes"

1. How old were you when you were told you have diabetes? (205-206)
Code age in years **[97 = 97 and older]**
9 8 Don't know/ Not sure
9 9 Refused

2. Are you now taking insulin? (207)
1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills? (208)
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. (209-211)
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.

(212-214)

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?

(215)

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?

(216-217)

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

8. A test for hemoglobin "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 hemoglobin "A one C"?

(218-219)

___ Number of times [**76 = 76 or more**]
8 8 None
9 8 Never heard of hemoglobin "A one C" test
7 7 Don't know / Not sure
9 9 Refused

If "no feet" to Q5, go to Q10

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

(220-221)

___ 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. (222)

Read only if necessary:

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

- 11.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (223)

- 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? (224)

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

Module 2:

Oral Health

- 1.** How long has it been since you last visited a dentist or a dental clinic? (225)

NOTE: Include visits to dental specialists, such as orthodontists.

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

2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (226)

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

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

If Q1 = Never or Q2= All, go to next module otherwise continue

3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? (227)

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

Module 3:

Women's Health

If Q14.17 = 2 (female) continue, otherwise go to next section.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (228)
- 1 Yes
 - 2 No **[Go to Q5]**
 - 7 Don't know/Not sure **[Go to Q5]**
 - 9 Refused **[Go to Q5]**

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

(229)

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 **[Go to Q4]**
- 9 Refused **[Go to Q4]**

3. You said your most recent mammogram was **{CATI WILL BE USED TO INSERT TIME FRAME FROM PREVIOUS QUESTION}**. How long before **THAT** mammogram was the last one?

(230)

Read only if necessary:

- 1 Less than 12 months before
- 2 1 year but less than 2 years before
- 3 2 years but less than 3 years before
- 4 3 years but less than 5 years before
- 5 5 or more years before
- 6 Has had only one mammogram
- 7 Don't know / Not sure
- 9 Refused

4. Many mammograms are done as a routine check-up. Sometimes a mammogram is done to check something that might be a problem, such as a lump or discomfort.

(231)

If Q3 coded 1-5, 7 or 9 then ask:

- a. Were either of your two most recent mammograms done to check a possible problem?

If Q3 coded 6 or Q2 coded 7 or 9 then ask:

- b. Was your mammogram done to check a possible problem?

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

5. 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? (232)

- 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 your last breast exam? (233)

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

7. A pap smear is a test for cancer of the cervix. Have you ever had a pap smear? (234)

- 1 Yes
- 2 No **[Go to Q9]**
- 7 Don't know / Not Sure **[Go to Q9]**
- 9 Refused **[Go to Q9]**

8. How long has it been since you had your last pap smear? (235)

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

NOTE: If response to core Q14.18 = 1 (is pregnant) then go to next module.

9. Have you had a hysterectomy? (236)

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 4:

Influenza

Note: If Core Q10.1 = 1 continue; otherwise go to next module

1. At what kind of place did you get your last flu shot? (237-238)

Read only if necessary:

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center (**Example: a community health center**)
- 04 A senior, recreation, or community center
- 05 A store (**Examples: supermarket, drug store**)
- 06 A hospital or emergency room
- 07 Workplace

Or

- 08 Some other kind of place

Do not read:

- 77 Don't know
- 99 Refused

Module 5:

Residential Fire

1. When was the last time you or someone else deliberately tested all of the smoke alarms in your home?

If 'never', then probe: "Do you have smoke alarms in your home?"

(239)

Read 1-5 if necessary:

- 1 Within the past month (less than 1 month ago)
- 2 Within the past 6 months (at least 1 month but less than 6 months ago)
- 3 Within the past year (at least 6 months but less than 12 months ago)
- 4 One or more years ago

- 5 Never
- 6 No smoke alarms in home

Do not read:

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

[CATI will be used to determine the single/multi person composition of the household Q2-5]

- 2.** Have you (and your household) designed a detailed fire escape plan? (240)

- 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.** How often do you (and your household) practice your fire escape plan? Would you say: (241)

Please read:

- 1 Never
- 2 Less than once a year
- 3 Once a year
- 4 Once every six months
- 5 Once a month
- 6 More than once a month

Do not read:

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

- 4.** In your home fire escape plan, have you thought about (your household discussed) at least one way to exit every room? (242)

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

- 5.** In your home fire escape plan, have you identified a specific place outside of your residence to go (for household members to meet) after escaping a fire? (243)

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

Module 6:

Adult Asthma History

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

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

1. How old were you when you were first told by a doctor, nurse or other health professional that you had asthma? (244-245)
- ___ Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
 - 9 8 Don't know / Not sure
 - 9 9 Refused

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

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (246)
- 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? (247-248)
- ___ 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? (249-250)
- ___ 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?

(251-252)

____ 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?

(253-255)

____ 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?

(256)

Please read:

Would you say?

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

Or

- 5 Every day, all the time

Do not read:

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

(257)

Please read:

Would you say?

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

5 More than ten

Do not read:

7 Don't know / Not sure

9 Refused

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler.

(258)

Please read:

Would you say?

8 Didn't take any

1 Less than once a week

2 Once or twice a week

3 More than 2 times a week, but not every day

4 Once every day

Or

5 2 or more times every day

Do not read:

7 Don't know / Not sure

9 Refused

Module 7:

Childhood Asthma

If "No children" to core Q14.6, go to next module

1. Earlier you said there were **[fill in number from core Q14.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

(259-260)

____ Number of children

8 8 None **[Go to next module]**

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

9 9 Refused **[Go to next module]**

2. [Fill in (*Does this child/How many of these children*) from Q1] still have asthma? (261-262)

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

___	___	Number of children
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Module 8:

Heart Attack & Stroke

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

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

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (263)

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

b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (264)

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

c. **(Do you think)** chest pain or discomfort **(are symptoms of a heart attack?)** (265)

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

d. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a heart attack?)** (266)

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

e. **(Do you think)** pain or discomfort in the arms or shoulder **(are symptoms of a heart attack?)** (267)

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

f. **(Do you think)** shortness of breath **(is a symptom of a heart attack?)** (268)

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

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

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (269)

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

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (270)

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

c. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a stroke?)** (271)

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

d. **(Do you think)** sudden chest pain or discomfort **(are symptoms of a stroke?)** (272)

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

e. **(Do you think)** sudden trouble walking, dizziness, or loss of balance **(are symptoms of a stroke?)** (273)

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

f. **(Do you think)** severe headache with no known cause **(is a symptom of a stroke?)** (274)

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

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (275)

Please read:

- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
- Or**
- 5 Do something else

Do not read:

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

Module 9:

Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you.... (276)

a. Eating fewer high fat or high cholesterol foods?

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

b. Eating more fruits and vegetables? (277)

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

- c.** More physically active? (278)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 2.** Within the past 12 months, has a doctor, nurse, or other health professional told you to... (279)
- a.** Eat fewer high fat or high cholesterol foods?
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- b.** Eat more fruits and vegetables? (280)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- c.** Be more physically active? (281)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- 3.** Has a doctor, nurse or other health professional ever told you that you had any of the following? (282)
- a.** A heart attack, also called a myocardial infarction
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- b.** Angina or coronary heart disease (283)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- c.** A stroke (284)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

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

4. At what age did you have your first heart attack? (285-286)
- | | | |
|---|---|----------------------------|
| 1 | 0 | Code ages 10 years or less |
| — | — | Code age in years |
| 0 | 7 | Don't know / Not sure |
| 0 | 9 | Refused |

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

5. At what age did you have your first stroke? (287-288)
- | | | |
|---|---|----------------------------|
| 1 | 0 | Code ages 10 years or less |
| — | — | Code age in years |
| 0 | 7 | Don't know / Not sure |
| 0 | 9 | Refused |

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

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "Yes" to Q3c and "No" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (289)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

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

7. Do you take aspirin daily or every other day? (290)
- | | |
|---|-----------------------|
| 1 | Yes [Go to Q9] |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (291)

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

- | | |
|---|--|
| 1 | Yes, not stomach related [Go to next module] |
| 2 | Yes, stomach problems [Go to next module] |
| 3 | No [Go to next module] |
| 7 | Don't know / Not sure [Go to next module] |
| 9 | Refused [Go to next module] |

9. Why do you take aspirin...
- a. To relieve pain? (292)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- b. To reduce the chance of a heart attack? (293)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused
- c. To reduce the chance of a stroke? (294)
- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Module 10:

Folic Acid

1. Do you currently take any vitamin pills or supplements? (295)
- Include liquid supplements**
- 1 Yes
2 No **[Go to Q5]**
7 Don't know / Not sure **[Go to Q5]**
9 Refused **[Go to Q5]**
2. Are any of these a multivitamin? (296)
- 1 Yes **[Go to Q4]**
2 No
7 Don't know / Not sure
9 Refused
3. Do any of the vitamin pills or supplements you take contain folic acid? (297)
- 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? (298-300)
- 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 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... (301)

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 11:

Tobacco Indicators

If "Yes" to core Q11.1, continue. Otherwise, go to Q6

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (302-303)
- ___ ___ Code age in years
 - 7 7 Don't know / Not sure
 - 9 9 Refused
2. How old were you when you first started smoking cigarettes regularly? (304-305)
- ___ ___ Code age in years
 - 8 8 Never smoked regularly [**Go to Q6**]
 - 7 7 Don't know/Not sure

9 9 Refused

If core Q11.2 is coded '9', go to Q6

If core Q11.2 is coded '3', continue, otherwise, go to Q4.

3. About how long has it been since you last smoked cigarettes regularly?

(306-307)

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago) **[Continue to Q4]**
- 0 2 Within the past 3 months (1 month but less than 3 months ago) **[Continue to Q4]**
- 0 3 Within the past 6 months (3 months but less than 6 months ago) **[Continue to Q4]**
- 0 4 Within the past year (6 months but less than 1 year ago) **[Continue to Q4]**
- 0 5 Within the past 5 years (1 year but less than 5 years ago) **[Go to Q6]**
- 0 6 Within the past 10 years (5 years but less than 10 years ago) **[Go to Q6]**
- 0 7 10 or more years ago **[Go to Q6]**
- 7 7 Don't know / Not sure **[Go to Q6]**
- 9 9 Refused **[Go to Q6]**

4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (308)

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

5. In the past 12 months, has a doctor, nurse or other health professional advised you to quit smoking? (309)

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

6. Which statement best describes the rules about smoking inside your home? (310)

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 the home

Or

- 4 There are no rules about smoking inside the home

Do not read:

- 7 Don't know / Not sure

9 Refused

If "employed" or "self-employed" to core Q14.8, continue. Otherwise, go to next module.

7. While working at your job, are you indoors most of the time? (311)
- 1 Yes
 - 2 No **[Go to next module]**
 - 7 Don't Know / Not Sure **[Go to next module]**
 - 9 Refused **[Go to next module]**

8. 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? (312)

For workers who visit clients, "place of work" means their base location

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

9. Which of the following best describes your place of work=s official smoking policy for work areas? (313)

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 12:

Other Tobacco Products

- 1.** Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (314)
- 1 Yes
 - 2 No **[Go to Q3]**
 - 7 Don't know / Not sure **[Go to Q3]**
 - 9 Refused **[Go to Q3]**
- 2.** Do you currently use chewing tobacco or snuff every day, some days, or not at all? (315)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused
- 3.** Have you ever smoked a cigar, even one or two puffs? (316)
- 1 Yes
 - 2 No **[Go to Q5]**
 - 7 Don't know / Not sure **[Go to Q5]**
 - 9 Refused **[Go to Q5]**
- 4.** Do you now smoke cigars every day, some days, or not at all? (317)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused
- 5.** Have you ever smoked tobacco in a pipe, even one or two puffs? (318)
- 1 Yes
 - 2 No **[Go to Q7]**
 - 7 Don't know/Not sure **[Go to Q7]**
 - 9 Refused **[Go to Q7]**
- 6.** Do you now smoke a pipe every day, some days, or not at all? (319)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused

7. A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs? (320)
- 1 Yes
 - 2 No **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
8. Do you now smoke bidis every day, some days, or not at all? (321)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused

Module 13:

Arthritis

NOTE: Only asked to respondents with chronic joint symptoms or doctor diagnosed arthritis

(Core Q15.2=1 OR Core Q15.4=1)

Interviewer please read:

1. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you **TODAY**? (322)
- Please read :**
- 1 I can do everything I would like to do
 - 2 I can do most things I would like to do
 - 3 I can do some things I would like to do
 - 4 I can hardly do anything I would like to do
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
2. Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms? (323)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

3. Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms?

(324)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

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

4. Have you **EVER** taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(325)

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

Module 14:

Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to next module.

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?

(326)

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

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

(327)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

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?

(328)

- 1 Yes

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

4. How long has it been since your last digital rectal exam? (329)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (330)

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

Module 15:

Colorectal Cancer Screening

If respondent 49 years old or younger, go to next module.

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (331)

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

2. How long has it been since you had your last blood stool test using a home kit? (332)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (333)

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

4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

(334)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Module 16:

Binge Drinking

Note: Ask if Core Q12.3 = 1-30 (or does not equal 77,88,99)

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

Interviewer read only if necessary:

NOTE: "Occasion means, 'in a row' or 'within a few hours'."

NOTE: **If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor".**

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

(335-336)

(Round up)

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

2. During the same occasion, about **how many glasses of wine**, including wine coolers, hard lemonade, or hard cider, did you drink?

(337-338)

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

(Round up)

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

3. During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

(339-340)

(Round up)

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

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

(341)

Please read:

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

Do not read:

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

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

(342)

Please read 1-4:

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store

3 I bought it at a restaurant, bar or public place

4 Other

Do not read:

7 Don't know / Not sure

9 Refused

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

(343)

1 Yes

2 No

7 Don't know / Not sure

9 Refused