2005

Behavioral Risk Factor Surveillance System

Questionnaire

January 14, 2005

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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
(f t / 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 7	Don't know / Not sure
9 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 5 Never
7 7 7 Don't know / Not sure
9 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 5 Never
7 7 7 Don't know / Not sure
9 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 5 Never
7 7 7 Don't know / Not sure
9 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 2: Oral Health

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

(221)

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

Do not read:

8 Never
9 Refused

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

(222)

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

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

CATI note: If Q1 = 8 (Never) or Q2= 3 (All), go to next module.

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

(223)

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
8 Never

Do not read:

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 4: Healthy Days (Symptoms)

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

(239–240)

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

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

(241–242)

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

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

(243–244)

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

4. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

(245–246)

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

5. During the past 30 days, for about how many days have you felt very healthy and full of energy?

(247–248)

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

Module 5: Cardiovascular Health

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

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 7: Heart Attack and Stroke

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

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."

1. (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

2. (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

3. (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

4. (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

5. (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

6. (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

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

7. (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

8. (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

9. (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

10. (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

11. (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

12. (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

13. 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 8: Influenza

CATI note: If Core Q10.1 or Q10.2 = 1 (yes), continue. Otherwise, go to next module.

1. At what kind of place did you get your last flu (**CATI fill in appropriate response from Immunization Core Questions 10.1 and 10.2:** shot/vaccine that was sprayed in your nose/vaccination, whether it was a shot or sprayed in your nose)?

(276–277)

Read only if necessary:

01 A doctor's office or health maintenance organization (HMO)
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 (Example: inpatient)
07 An emergency room
08 Workplace

Or

09 Some other kind of place
10 Received vaccination in Canada/Mexico **(Volunteered – do not read)**
77 Don't know / Not sure **(Probe: "How would you describe the place where you went to get your most recent flu vaccine?")**

Do not read:

99 Refused

Module 9: Adult Asthma History

CATI note: If "Yes" to core Q9.1, continue. Otherwise, go to next module.

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

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(278–279)

__ __ Age in years 11 or older **[96 = 96 and older]**
9 7 Age 10 or younger
9 8 Don't know / Not sure
9 9 Refused

CATI note: If "Yes" to core Q9.2, continue. Otherwise, go to next module.

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

(280)

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?

(281–282)

__ __ 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?

(283–284)

__ __ 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?

(285–286)

__ __ 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?

(287–289)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

(290)

Please read:

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

Or

5 Every day, all the time

Do not read:

7 Don't know / Not sure
9 Refused

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

(291)

Please read:

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

Or

5 More than ten

Do not read:

7 Don't know / Not sure
9 Refused

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(292)

Please read:

8 Never
1 1 to 14 days
2 15 to 24 days
3 25 to 30 days

Do not read:

7 Don't know / Not sure

9 Refused

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

(293)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

8 Never (include no attack in past 30 days)
1 One to four times (in the past 30 days)
2 Five to fourteen times (in the past 30 days)
3 Fifteen to twenty-nine times (in the past 30 days)
4 Thirty to fifty-nine times (in the past 30 days)
5 Sixty to ninety-nine times (in the past 30 days)
6 More than 100 times (in the past 30 days)

Do not read:

7 Don't know / Not sure
9 Refused

Module 10: Random child selection

CATI note: If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), Go to Module 13.

If Core Q13.6 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core 13.6 is >1 and Core Q13.6 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last." Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

Interviewer please read:
I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child."

1. What is the birth month and year of the "**Xth**" child?

(294-299)

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

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

2. Is the child a boy or a girl?

(300)

1 Boy
2 Girl
9 Refused

3. Is the child Hispanic or Latino?

(301)

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

4. Which one or more of the following would you say is the race of the child?

(302-307)

[Check all that apply]

Please read:

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native

Or

6 Other [specify] _____

Do not read:

8 No additional choices
7 Don't know / Not sure
9 Refused

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?

(308)

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
6 Other
7 Don't know / Not sure
9 Refused

6. How are you related to the child?

(309)

Please read:

1 Parent (mother or father) include biologic, step, or adoptive parent
2 Grandparent
3 Foster parent or guardian [other than parent or grandparent]
4 Sibling (brother or sister) include biologic, step, and adoptive sibling
5 Other relative
6 Not related in any way

Do not read:

7 Don't know / Not sure
9 Refused

Module 11: Childhood Asthma Prevalence

CATI note: If response to core Q13.6 is "88" (none) or "99" (refused), go to Module 13.

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

1. Has a doctor, nurse or other health professional ever said that the child has asthma?

(310)

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

2. Does the child still have asthma?

(311)

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

Module 12: Childhood Immunization

CATI note: Ask Module 12 only if CHLDAGE1 ≥ 6 months of age. Otherwise, go to Module 13.

I have two additional questions about the **[CATI will fill in the correct number]** child.

1. During the past 12 months, has the child had a flu shot? A flu shot is an influenza vaccine injected in [his/her] arm or thigh.

(312)

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

2. During the past 12 months, has the child had an influenza vaccine sprayed in [his/her] nose? The influenza vaccine that is sprayed in the nose is FluMist™.

(313)

1 Yes
2 No
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 14: Prostate Cancer Screening

CATI note: If respondent is ≤39 years of age, 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?

(321)

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?

(322)

Read only if necessary:

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

Do not read:

7 Don't know
9 Refused

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?

(323)

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?

(324)

Read only if necessary:

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

Do not read:

7 Don't know / Not sure
9 Refused

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

(325)

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

Module 15: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, 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?

(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 blood stool test using a home kit?

(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 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

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

(328)

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

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

(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 ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago

Do not read:

7 Don't know / Not sure
9 Refused

Module 16: Osteoporosis

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.

1. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

(330)

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

Module 17: Arthritis Management

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

<u>IINTERVIEWER NOTE</u>: Read the underlined portion of Q1 only if this module does not directly follow Arthritis Burden Core Section 16.

1. <u>Earlier you indicated that you had arthritis or joint symptoms</u>. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**?

(331)

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?

(332)

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?

(333)

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?

(334)

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

Module 18: Weight Control

1. Are you now trying to lose weight? (340)

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

2. Are you now trying to maintain your current weight, that is, to keep from gaining weight? (336)

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

3. Are you eating either fewer calories or less fat to— (337)

lose weight? **[If "Yes" to Q1]**
keep from gaining weight? **[If "Yes" to Q2]**

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

4. Are you using physical activity or exercise to— (338)

lose weight? **[If "Yes" to Q1]**
keep from gaining weight? **[If "Yes" to Q2]**

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

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

(339)

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

Module 19: Indoor Air Quality

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

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

1. Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?

(340)

Please read if necessary: Not a total electric furnace or boiler.

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

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

(341)

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

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

(342–344)

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

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

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

(345)

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

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

(346)

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

Module 20: Home Environment

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

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

(347)

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

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

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

(348)

Please read:

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

Do not read:

7 Don't know / Not sure
9 Refused

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

(349–351)

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

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

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

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

(352–354)

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

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

_ _ _	Number of days
555	Do not have a yard or garden
888	None
777	Don't know/Not sure
999	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 22: Secondhand Smoke Policy

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

(365)

Please read:

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

Or

4 There are no rules about smoking inside your home

Do not read:

7 Don't know / Not sure
9 Refused

CATI note: If response to Core Q13.8 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to next module.

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

(366)

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

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

(367)

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

Please read:

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

Or

4 No official policy

Do not read:

7 Don't know / Not sure
9 Refused

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

(368)

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 23: Veteran's Status

CATI note: Ask only if Core Q14.1= 1 (Yes). Otherwise, go to next module.

1. Which of the following best describes your service in the United States military? (369)

Please read:

1	Currently on active duty	**[Go to next module]**
2	Currently in a National Guard or Reserve unit	**[Go to next module]**
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 module]**
9	Refused	**[Go to next module]**

2. In the last 12 months, have you received some or all of your health care from VA facilities? (370)

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

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

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

(372)

1 Never
2 Once a year
3 Once a month
4 Once a week
5 Once a day
6 Once an hour
8 Constantly
7 Don't know / Not sure
9 Refused

Instructions to interviewer: The responses can be interpreted as meaning "at least" the indicated time frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.

[CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]

3. Within the past 12 months at work, do you feel you were treated worse than other races, the same as other races, better than other races, or worse than some races but better than others?

(373)

1 Worse than other races
2 The same as other races
3 Better than other races
4 Worse than some races, better than others

Do not read:

5 Only encountered people of the same race
7 Don't know / Not sure
9 Refused

4. Within the past 12 months, when seeking health care, do you feel your experiences were worse than other races, the same as other races, better than other races, or worse than some races but better than others?

(374)

1 Worse than other races
2 The same as other races
3 Better than other races
4 Worse than some races, better than others

Do not read:

5 Only encountered people of the same race
6 No health care in past 12 months
7 Don't know / Not sure
9 Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.

5. Within the past 12 months on average, how often have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

(375)

1 Never
2 No more than once a year
3 At least once a month
4 At least once a week
5 At least once a day
6 At least once an hour
8 Constantly
7 Don't know / Not sure
9 Refused

6. Within the past 12 months on average, how often have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(376)

1 Never
2 No more than once a year
3 At least once a month
4 At least once a week
5 At least once a day
6 At least once an hour
8 Constantly
7 Don't know / Not sure
9 Refused

Module 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?

Module 26: Intimate Partner Violence

The next questions are about violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way. (386)

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

2. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way? (387)

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

INTERVIEWER NOTE: **Read the underlined portion of Q3; only if Q2=1 (Yes).**

3. Other than what you have already told me about, Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to.

(388)

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. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.

INTERVIEWER'S SCRIPT: For use when only one module (either Module 25 or Module 26) is being administered:
Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female]*, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

4. Have you EVER experienced any unwanted sex by a current or former intimate partner?

(389)

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

CATI note: If Q2 or Q4=1 (Yes); continue. Otherwise, skip Q5, 6, & 7.

5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

(390)

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

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

(391)

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

7. At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you?

(392-393)

Do not read:

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

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