

Kansas 2005
Behavioral Risk Factor Surveillance System
00/00/05

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Interviewer's Script:

HELLO, I'm calling for the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention. My name is (name). We're gathering information on the health of Kansas 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 **cellular telephone**? **If "Yes"**, thank you very much, but we are only interviewing land line telephones and private residents. 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 2

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 2

To correct respondent: HELLO, I'm (name) calling for the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention. We're gathering information on the health of Kansas residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. Your answers will be strictly confidential and will not be linked to any information that can identify you. Your participation is voluntary and will not affect any

services you may receive from the state of Kansas. You don't have to answer any question you don't want to, and you can end the interview at any time. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

State Added Question: Advance Letters

XX.X Before participating, did your household receive a letter about this study in the mail?

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

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

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section

- 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? (81)

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?”

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 yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Diabetes

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

Note: If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

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

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

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)
- 3 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 in 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 that is sprayed in the nose is also called FluMistTM. (97)

- 1 Yes – go to Q10.4
- 2 No – If Q12.1 is “Yes” go to Q10.4, otherwise go to Q10.6
- 7 Don't know/Not sure No – If Q10.1 is “Yes” go to Q10.44; if Q1 is “No” go to Q10.6, otherwise go to Q10.7
- 9 Refused No – If Q10.1 is “Yes” go to Q10.4; if Q10.1 is “No” go to Q10.6, otherwise go to Q10.7

10.4 During what month and year did you receive your most recent flu vaccination?

If “Yes” to both Q10.1 and Q10.2, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

__ / ____ Month / Year

- 77/7777 Don't know/Not Sure (Probe: “Was it before or after September 2004?” Code approximate month and year)
- 99/9999 Refused

If Q10.4 is DK or RF go to Q10.5

- 10.5 Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]?
CATI fill in appropriate response from 10.1 and 10.2.

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:* in-patient]
- 07 An emergency room
- 08 Workplace
- 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?)
- 99 Refused

If 10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to 10.6, otherwise go to 10.7

- 10.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? **[Interviewer note: The current flu season = Sept. '04 – Mar. '05]**

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

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

- 10.7 **If 10.4 is 04/2004 to present continue (ask 10.7), otherwise go to 10.3.**
Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

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

- 10.3. Have you EVER had a pneumonia shot? 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

- 10.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or
HIV/AIDS, or medicines, such as steroids

-or-

Sickle cell anemia or other anemia

- 1 Yes – **Go to 10.9**
- 2 No – **Go to 10.10**
- 7 Don't know/Not sure (Probe by repeating question) – **Go to 10.10**
- 9 Refused – **Go to 10.10**

- 10.9 Do you still have (this/any of these) problem(s)?

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

- 10.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

If necessary say: This includes part-time and volunteer work.

- 1 Yes – **Go to 10.11**
- 2 No – **Go to next section**
- 7 Don't know/Not sure (Do not probe) – **Go to next section**
- 9 Refused – **Go to next section**

- 10.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Probe by repeating question)
- 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. On the days when you drank, during the past 30 days, 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 one 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
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, Alaska Native
- or
- 6 Other [specify] _____

[Do not read]:

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

If more than one response to Q13.3; continue. Otherwise, ⇒ Go to Q13.5.

13.4. Which one of these groups would you say BEST represents your race? (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)

[Do not read]:

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:

- 0 4 Less than \$25,000 If “no”, ask 05; if “yes”, ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no”, code 04; if “yes”, ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no”, code 03; if “yes”, ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no”, code 02
- 0 5 Less than \$35,000 If “no”, ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no”, ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no”, code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

[Do not read]:

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

State Added Module 1:

If “employed”, “self-employed”, “student”, “retired” or “homemaker to core Q13.8, continue. Otherwise skip to 13.10.

1. Previously, you indicated you were (a) [insert response from core, Q13.8]. On the average, how many hours per week, if any, do you work at a job or business?

- __ Number of hours (76 = 76 or more hours)
- 88 Do not work/None
- 77 Don’t know/Not sure
- 99 Refused

Continuation of Core:

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]

<u> </u> <u> </u> <u> </u> <u> </u>	Weight (<i>pounds/kilograms</i>)
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]

<u> </u> <u> </u> / <u> </u> <u> </u>	Height (<i>ft / inches/meters/centimeters</i>)
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

13.12. What county do you live in? (137-139)

<u> </u> <u> </u> <u> </u>	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)

<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	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 phone 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 phone service due to 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)

Note: 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)

If either Q16.2=1 (Yes) or Q16.4=1 (Yes); 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

If Core Q13.8=1(employed for wages) or 2(self-employed); 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)

Note: 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

[If respondent is 65 years 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 do not 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 test using 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)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 In a jail or prison (or other correctional facility)
- 0 6 Home
- 0 7 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

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

[Please read]:

- 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

Part A

CDC Module 10: Random Child Selection

**If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒
Go to CDC Module 9 Adult Asthma.**

If Core Q13.6 = 1; INTERVIEWER: “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 to 88 or 99; INTERVIEWER: “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 child.” Please include children with the same birth date, including twins, in the order of their birth.

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the “X”th child in your household. All following questions about children will be about the “Xth” 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

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

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

CDC Module: Child Immunization-flu shortage

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

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or

HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

1 Yes – **Go to Q2**

2 No – **Go to Q3**

7 Don't know/Not sure (Probe by repeating the question) – **Go to Q3**

9 Refused – **Go to Q3**

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

1 Yes

2 No

7 Don't know/Not sure (Do not probe)

9 Refused

- 3 **If child is less than 6 months old, go to next module otherwise ask:** During the past 12 months, has [**Fill: he/she**] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

1 Yes

2 No

7 Don't know/Not sure (Do not probe)

9 Refused

4. During the past 12 months, has [**Fill: he/she**] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™.

1 Yes – **Go to Q5**

2 No – **If Q3 is “Yes” go to 5, otherwise go to Q6**

7 Don't know/Not sure (Do not probe) – **If Q3 is “Yes” go to Q5, if Q3 is “No” go to Q6, otherwise go to Q7**

9 Refused – **If Q3 is “Yes” go to Q5,**

if Q3 is “No” go to Q6, otherwise go to Q7

- 5 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

If “Yes” to both Q3 and Q4, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

__ / ____ Month / Year – If 5 is before 09/2004 go to Q6, otherwise go to Q7

77/7777 Don’t know/Not Sure (Probe: “Was it before or after September 2004?”

Code approximately month and year)

99/9999 Refused

If 5 is DK or RF, go to 6

6. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. ’04 – Mar. ’05]

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

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason
- 77 Don’t know/Not sure (Probe: “What was the main reason?”)
- 99 Refused

7. **If RSC Q1 date is 06/2003 to present, go to next module; if Q5 is 04/2004 to present or if Q5 is DK or RF, continue (ask Q7), otherwise go next module :**
 Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

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

CDC Module 11: Childhood Asthma

**If Core Q13.6=00, 88, or 99 (no children under age 18 in the household, or refused);
 ⇒ Go to Adult Asthma Module**

The next two questions are about the "Xth" child.

1. Has a doctor or other medical professional EVER said that the child has asthma? (310)

- 1 Yes
- 2 No ⇒ **Go to Adult Asthma Module**
- 7 Don't know / Not sure ⇒ **Go to Adult Asthma Module**
- 9 Refused ⇒ **Go to Adult Asthma Module**

2. Does the child still have asthma? (311)

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

State Added Module 2: Childhood Asthma

If CDC Module Childhood Asthma 1 = 'Yes' and Childhood Asthma 2 = 'Yes' then continue; Otherwise skip to next module.

1. During the past 12 months, how many days has the [randomly selected child] missed school or day care because of [his/her] asthma?

- — — Number of days
- 5 5 5 Not in school or day care / home schooled
- 8 8 8 None
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

CDC Module 9: Adult Asthma History:

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 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

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? (283-284)

— — 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 often 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 time (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

CDC 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

CDC Module 17: Arthritis Management

If Core Q16.2 or Q16.4= 1 (Yes); continue. Otherwise, ⇨Go to next module.

INTERVIEWER NOTE: Read the underlined portion of Q1 only if this module does not directly follow Arthritis Burden Core Section 16.

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?
(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

State Added Module 3: Chronic Joint Symptoms and Possible Arthritis
If Q16.1 is yes and Q16.2 is yes and 16.4 is no, continue. Otherwise, skip to next module.

Earlier you indicated that you have had pain, aching, or stiffness, in or around a joint. We have a few additional questions about your joints.

- 1 How many months or years ago did those joint symptoms first begin?

___ Months (1 - 11)
___ Years
7 7 Don't know/Not sure
8 8 None
9 9 Refused

- 2 Were those symptoms present on most days for at least one month?

1 Yes
2 No
7 Don't know
9 Refused

3. Over the past 7 days, how many days have you had pain, aching, or stiffness from arthritis or joint symptoms?

___ Number of days (1 - 7)
77. Don't know/Not sure
88. None
99. Refused

4. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it could be, over the past 7 days, how bad was your joint pain or aching ON AVERAGE.

___ ___ Pain Level (1-10)
0 None
7 7 Don't know/Not sure
9 9 Refused

- 5 Tell me which joints are affected?

Note to Interviewer: check all that apply - [Do not read]: list.
Notice list of joints below goes from top of body to bottom.

01. Neck
02. Shoulder
03. Elbow
04. Wrist
05. Hand
06 Fingers/thumb
07. Back
08. Hip
09. Knee
10. Ankle
11. Foot
12. Toes
13. Other Joint (specify)
77. Don't know
99. Refused

- 6 Have you taken any prescription or non-prescription medication for these joint symptoms in the past 7 days?

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

If Q16.3 = 'No' then skip to Q7.a else If Q16.3 = 'Yes' then skip to 7.b

Interviewer instruction: If the words or concept used by the respondent do not match the categories below exactly, please code OTHER SPECIFY and record the respondent's words verbatim.

7a. Earlier you said you had never seen a doctor about your joint symptoms.
Please tell me why you did not see a doctor about your joint symptoms?

1. not that bad/ not serious/ not important [Go to next module]
2. costs too much/ no insurance [Go to next module]
3. don't like doctors/ didn't want to go [Go to next module]
4. self treatment works [Go to next module]
5. just occurred/ going to doctor soon [Go to next module]
6. no transportation/ too far [Go to next module]
7. other specify _____ [Go to next module]
77. don't know/not sure [Go to next module]
99. refused [Go to next module]

Interviewer instruction: If the words or concept used by the respondent do not match the categories below exactly, please code OTHER SPECIFY and record the respondent's words verbatim.

7b. Earlier you said you had seen a doctor for your joint symptoms. What did the doctor say was the cause of your joint symptoms?

1. injury/ work-related
2. bursitis/ tendonitis/ tennis elbow/ carpal tunnel
3. bone spurs
4. doctor didn't say/ doctor didn't know
5. cartilage
6. body weight
7. age
8. other specify _____
77. don't know/ not sure
99. refused

State Added Module 4: Preventive Counseling-Skin cancer

1. Have you ever had all of your skin from head to toe checked for cancer either by a dermatologist or some other kind of doctor?

[Interviewer note: If asked 'A dermatologist is a doctor who specializes in skin diseases'.

If 'Yes' probe for how long ago

- 1 Yes, Within the past year (anytime less than 12 months ago)
 - 2 Yes, Within the past 2 years (1 year but less than 2 years ago)
 - 3 Yes, Within the past 3 years (2 years but less than 3 years ago)
 - 4 Yes, Within the past 5 years (3 years but less than 5 years ago)
 - 5 Yes, 5 or more years ago
 - 6 No
 - 7 Don't know / Not sure
 - 9 Refused
2. When you go outside on a very sunny day, for more than one hour, how often do you stay in the shade?

[Please read]:

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun

[Do not read]:

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

3. When you go outside on a very sunny day, for more than one hour, how often do you wear a hat that shades your face, ears, and neck?

[Please read]:

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun

[Do not read]:

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

4. When you go outside on a very sunny day, for more than one hour, how often do you wear a long sleeved shirt?

[Please read]:

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun

[Do not read]:

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

- 5 When you go outside on a very sunny day, for more than one hour, how often do you use sunscreen?

[Please read]:

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never
- 6 Don't go out in the sun

[Do not read]:

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

6. Have you used a sun lamp or tanning bed in the past 12 months?

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

7. Has a doctor, nurse, or other health professional ever advised or discussed with you about taking protective measures against skin cancer. Protective measures include use of sunscreen, protective clothing and avoiding exposure to sunlamps or tanning beds.

If 'Yes', probe for how long ago]

Read only if necessary

- 1 Yes, Within the past year (anytime less than 12 months ago)
- 2 Yes, Within the past 2 years (1 year but less than 2 years ago)
- 3 Yes, Within the past 3 years (2 years but less than 3 years ago)
- 4 Yes, Within the past 5 years (3 years but less than 5 years ago)
- 5 Yes, 5 or more years ago
- 6 No
- 7 Don't know / Not sure
- 9 Refused

State Added Module 5: Epilepsy and Seizure Disorder

- 1 Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

- 1 Yes
- 2 No
- 7 Don't Know/not sure
- 9 Refused

State Added Module 6: Falls

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.

- 1 In the past 3 months, have you had a fall?

- 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 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.

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

State Added Module 7: Environmental Factors

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

1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

Read if necessary:

If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is Yes.

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

2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

Read if necessary:

This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is Yes.

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

State Added Module 8: Outdoor Air Quality and Activity

1. Please think of the past 12 months. How many times did you reduce or change your outdoor activity level because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you made changes because of high pollen levels.

[Please read]:

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

[Do not read]:

- 777 Don't know/not sure
999 Refused

2. The government routinely collects information on air quality that may be distributed by local radio, TV and newspapers to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live? Please do not include times when you may have heard or read about high pollen counts.

- 1 Yes
- 2 No – **[SKIP TO Q4]**
- 777 Don't know/not sure – **[SKIP TO Q4]**
- 999 Refused – **[SKIP TO Q4]**

3. Please think of the past 12 months.
How many times did you reduce or change your outdoor activity level based on the air quality index or air quality alerts? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you may have heard or read about high pollen counts.

[Please read]:

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

[Do not read]:

- 777 Don't know/not sure
999 Refused

- 4 Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?

- 1 Yes
- 2 No
- 777 Don't know/not sure
- 999 Refused

State Added Module 9: Seatbelts

1. How often do you use seat belts when you drive or ride in a car?

[Please read]:

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never

[Do not read]:

- 7 Don't know/not sure
- 7 Never drive or ride in a car
- 8 Refused

State Added Module 10: Motor Vehicle Occupant Safety

If randomly selected child is less than 10 years of age, continue with Q1.

If randomly selected child is 10 years of age or older, skip to Q5.

Early, I asked you questions about the [randomly selected child]. Now I have some additional questions.

1. When the [randomly selected] child rides in the vehicle with you, how often does [he/she] ride in a child car seat? Child car seats include infant seats, toddler seats, and booster seats. Would you say [he/she] rides in a child car seat....

[Please read]:

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never
- 6 Child does not ride in vehicle / Does not ride with respondent

[Skip to Q3]

to next module

Skip

[Do not read]:

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

2. When the [randomly selected] child does not ride in the child car seat when riding with you, how often is [he/she] buckled in a seat belt?

[Please read]:

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never

[Do not read]:

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

If Q1 = "Never" and (Q2 = "All the time", "Most of the time", "Some of the time" "Rarely" or "Don't know/Not sure) skip to Q6

If Q1 = "Never" or "Refused" and Q2 = "Never" or "Refused" skip to Q7

3. There are many different kinds of child safety seats. Does the child seat have harness straps that go over the shoulders and buckle between the legs? Do not count straps from seat belt.

- 1 Yes **[Skip to Q7]**
- 2 No
- 7 Don't know/not sure
- 9 Refused

4. Would you describe this seat as a booster seat? A booster seat raises the child up and the seatbelt usually goes across both the child and the seat to hold the child in place.

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

5. When the [randomly selected] child rides in the vehicle with you, how often is [he/she] buckled in a seat belt?

[Please read]::

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely
- 5 Never

[Do not read]::

- 7 Don't know / Not sure
- 9 Refused **[Skip to Q7]**

If Q2 = "Never" or Q5 = "Never" skip to Q7

- 6. Does the vehicle seat belt the child usually wears go across the shoulder only, across the lap only, or across both the shoulder and lap?
 - 1 Across shoulder only
 - 2 Across lap only
 - 3 Across both shoulder and lap
 - 7 Don't know / Not sure
 - 9 Refused
- 7. When the [randomly selected] child rides in the vehicle with you, does [he/she] usually ride in the front seat or back seat?
 - 1 Front seat
 - 2 Back seat
 - 3 About the same
 - 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.

Part B:

CDC Module 1: Diabetes

To be asked following Core Q5.1; if response code=1 (Yes).

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

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

State Added Module 11: Diabetes Accessories

- 1 When you go to your doctor or other health professional for your diabetes, are you usually told to remove your socks and shoes before you see the doctor or other health professional?
 - 1 Yes
 - 2 No **[Skip to Q3]**
 - 7 Don't know/Not sure **[Skip to Q3]**
 - 9 Refused **[Skip to Q3]**
2. How often are you told to remove your socks and shoes before you see the doctor or other health professional for your diabetes? Would you say always, nearly always, sometimes, or seldom?
 - 1 Always
 - 2 Nearly always
 - 3 Sometimes
 - 4 Seldom
 - 7 Don't know/Not sure
 - 9 Refused
3. When you go to the doctor or other health professional for your diabetes, how often does your doctor or other health professional tell you when to return for your next diabetes check-up? Would you say:
[Please read]:
 - 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Never
[Do not read]:
 - 7 Don't know/Not sure
 - 9 Refused

If CDC Module 1 Diabetes Q4 = “Never” (888) “Don’t know/not sure” (777) or “Refused” (999) then go to Question 5. Otherwise Continue.

4. Earlier you said that you check your blood for sugar or glucose, please tell me what steps you take when you find that your blood sugar or glucose is elevated. Include times when you are helped by family members or friends to take those steps.

[Please read]: Mark all the apply

- 1 Exercise
- 2 Take or adjust your dose of insulin
- 3 Go to the nearest emergency room
- 4 Call your doctor
- 5 Nothing
- 6 Other (specify:_____)

[Do not read]:

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

5. Knowing that you have diabetes, please tell me what steps you take to avoid having an elevated blood sugar.

[Please read]: Mark all that apply

- 1 Control carbohydrate intake/awareness of carbohydrate intake
- 2 Count carbohydrate
- 3 Exercise
- 4 Test blood sugar or glucose
- 5 Adjust medication
- 6 Nothing
- 8 Other (specify:_____)

[Do not read]:

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

6. How often does your doctor ask to see a record of what your blood sugars are at home? Would you say:

[Please read]:

- 1 Always
- 2 Usually
- 3 Sometimes
- OR
- 4 Never

[Do not read]:

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

CDC Module 21: Smoking Cessation

If response to Core Q11.2 = "3" (Not at all); continue. If Core Q11.2 = 1 (every day) or 2 (some days); ⇒ Go to Q2. If Core Q11.2 = 7, 9 (Don't know, 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) ⇒ **Go to Q2**
0 2 Within the past 3 months (1 month but less than 3 months ago) ⇒ **Go to Q2**
0 3 Within the past 6 months (3 months but less than 6 months ago) **Go to Q2**
0 4 Within the past year (6 months but less than 1 year ago) ⇒ **Go 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 the 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**

If response to Q1 = 01, 02, 03, or 04"; or if Core Q11.2 = "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 last 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 last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

- Number of visits **[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

CDC 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

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

State Added Module 12: Secondhand Smoke Work Policy

If response to Core Q13.8= 5 (homemaker) 6 (student), or 7 (retired) AND if response to State Added Mod 1 Q1 is 10 or more, the continue, otherwise go to next module.

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

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

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

[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

CDC Module 5: Cardiovascular Health

If "Yes" to Core (Q8.1) 'ever told one had a heart attack or myocardial infarction'; ask Q1.

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

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

If Core Q8.3=1(Yes); ask Q2. If Core Q8.3=2, 7, 9 (No, Don't know, 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

CDC Module 6: Actions to Control High Blood Pressure

If Core Q6.1=1 (Yes); continue. Otherwise, ⇒Go to next module.

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

CDC Module 7: Heart Attack & 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, 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 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

State Added Module 13: Durable Power of Attorney for Health Care Decisions

1. Have you completed a Durable Power of Attorney for Health Care Decisions? This is a legal document that allows you to name someone to make health care decisions for you if you should ever become unable to speak for yourself?
- 1 Yes
 - 2 No
 - 7 Don't know/not sure
 - 9 Refused

State Added Module 14: Chronic Pain

1. Do you suffer from any type of chronic pain, that is pain that occurs constantly or flares up frequently?

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

2. Is this pain caused by cancer of any type?

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

3. How long have you been experiencing this type of pain?

1 Less than 3 months
2 3 to 6 months
3 7 to 12 months
4 Over 1 year to 3 years
5 Over 3 years to 5 years
6 Over 5 to 10 years
7 Over 10 years
77 Don't know not sure
99 Refused

4. About how often do you experience this pain? Would you say.....

[Please read]:

1 It is constant, always there
2 At least once a day
3 At least once a week
4 Not ever week, but at least once a month
5 Less often

[Do not read]:

7 Don't know/not sure
9 Refused

5. Using a 1 to 10 scale where 1 means no pain at all and 10 means the worst pain imaginable, how severe would you say your pain has been on average over the past three months?

___ ___ Pain Scale (1-10)
7 7 Don't know/not sure
9 9 Refused.

- 6 Have you ever seen or talked to your doctor about your pain?

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

- 7 How satisfied are you with how your doctor is helping you manage your pain?

[Please read]:

1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied

[Do not read]:

7 Don't know/not sure
9 Refused

Closing Statement

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.