

McPherson County BRFSS Questionnaire

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HELLO, I'm \_\_\_\_\_ calling for the  
\_\_\_\_\_. We're doing a study of the health practices of  
\_\_\_\_\_ residents. Your phone number has been chosen  
randomly by the \_\_\_\_\_ to be included in  
the study, and we'd like to ask some questions about things people do  
which may affect their health.

Is this \_\_\_\_\_ ? **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? **No** Thank you very much, but  
we are only interviewing  
private residences. **Stop**

Our study requires that we 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?

**If "1"** Are you the adult?

**If "yes"** Then you are the person I need to speak with. **Go to page 3**

**If "no"** May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?  
 Who is the next oldest man who presently lives in this household?  
**Etc.**

Who is the oldest woman who presently lives in this household?  
 Who is the next oldest woman who presently lives in this household?  
**Etc.**

The person in your household that I need to speak with is \_\_\_\_\_.  
**If "you," go to page 3**

**To correct respondent**

Hello, I'm  
 calling for the  
 \_I'm a member of a special research team.  
 We're doing a study of  
 \_residents regarding their health practices  
 and day-to-day living habits. You have been  
 randomly chosen to be included in the study  
 from among the adult members of your  
 household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

**Section 1: Health Status**

1. Would you say that in general your health is:

**Please Read**

- |    |                     |   |
|----|---------------------|---|
| a. | Excellent           | 1 |
| b. | Very good           | 2 |
| c. | Good                | 3 |
| d. | Fair                | 4 |
|    | <b>or</b>           |   |
| e. | Poor                | 5 |
|    | Don't know/Not Sure | 7 |
|    | Refused             | 9 |

**Do not  
read these  
responses**

**Section 2: Health Care Access**

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Q. 4b (p. 6)</b>              | 2 |
| Don't know/Not sure <b>Go to Q. 7 (p. 7)</b> | 7 |
| Refused <b>Go to Q. 7 (p. 7)</b>             | 9 |

3. Do you have Medicare?

- |  |                                 |   |
|--|---------------------------------|---|
| <b>Medicare is a coverage plan for people 65 or over and for certain disabled people</b> | a. Yes <b>Go to Q. 7 (p. 7)</b> | 1 |
|  | b. No                           | 2 |
|  | Don't know/not sure             | 7 |
|  | Refused                         | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

|    |   |                   |     |
|----|---|-------------------|-----|
| a. | Your employer   | Go to Q. 6 (p. 7) | 0 1 |
| b. | Someone else's employer   | Go to Q. 6 (p. 7) | 0 2 |
| c. | A plan that you or someone else buys on your own                  | Go to Q. 6 (p. 7) | 0 3 |
| d. | Medicare  | Go to Q. 6 (p. 7) | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 6 (p. 7) | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | Go to Q. 6 (p. 7) | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | Go to Q. 6 (p. 7) | 0 7 |
|    | or  |                   |     |
| h. | Some other source   | Go to Q. 6 (p. 7) | 0 8 |
|    | None  | Go to Q. 5 (p. 6) | 8 8 |
|    | Don't know/Not sure   | Go to Q. 6 (p. 7) | 7 7 |
|    | Refused   | Go to Q. 6 (p. 7) | 9 9 |

Do not  
read these  
responses

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

|   |   |                   |     |
|---|---|-------------------|-----|
| If more than one, ask "Which type do you use to pay for most of your medical care?" | a. Your employer  | Go to Q.6 (p. 7)  | 0 1 |
|   | b. Someone else's employer  | Go to Q.6 (p. 7)  | 0 2 |
|   | c. A plan that you or someone else buys on your own                   | Go to Q.6 (p. 7)  | 0 3 |
|   | d. Medicare   | Go to Q.6 (p. 7)  | 0 4 |
|   | e. Medicaid or Medical Assistance [or substitute state program name]  | Go to Q.6 (p. 7)  | 0 5 |
|   | f. The military, CHAMPUS, or the VA [or CHAMP-VA]                     | Go to Q.6 (p. 7)  | 0 6 |
|   | g. The Indian Health Service [or the Alaska Native Health Service] or | Go to Q.6 (p. 7)  | 0 7 |
|   | h. Some other source  | Go to Q.6 (p. 7)  | 0 8 |
| Do not read these responses   | None  |                   | 8 8 |
|   | Don't know/Not sure   | Go to Q. 7 (p. 7) | 7 7 |
|   | Refused   | Go to Q. 7 (p. 7) | 9 9 |

5. About how long has it been since you had health care coverage?

**Read Only if Necessary**

- |    |  |   |
|----|--|---|
| a. | Within the past 6 months (1 to 6 months ago) | 1 |
|    | <b>Go to Q. 7</b>                            |   |
| b. | Within the past year (6 to 12 months ago)    | 2 |
|    | <b>Go to Q. 7</b>                            |   |
| c. | Within the past 2 years (1 to 2 years ago)   | 3 |
|    | <b>Go to Q. 7</b>                            |   |
| d. | Within the past 5 years (2 to 5 years ago)   | 4 |
|    | <b>Go to Q. 7</b>                            |   |
| e. | 5 or more years ago                          | 5 |
|    | <b>Go to Q. 7</b>                            |   |
|    | Don't know/Not sure                          | 7 |
|    | <b>Go to Q.7</b>                             |   |
|    | Never  | 8 |
|    | <b>Go to Q. 7</b>                            |   |
|    | Refused                                      | 9 |
|    | <b>Go to Q. 7</b>                            |   |
6. During the past 12 months, was there any time that you did not have any health insurance or coverage?
- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |
|    | Refused             | 9 |
7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?
- |    |                     |   |
|----|---------------------|---|
| a. | Yes                 | 1 |
| b. | No                  | 2 |
|    | Don't know/Not sure | 7 |
|    | Refused             | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

- If "no," ask "Is there more than one or is there no usual doctor who you go to?"
- a. Yes, only one 1
  - b. More than one 2
  - c. No 3
  - Don't know/Not sure 7
  - Refused 9

9. About how long has it been since you last visited a doctor for a routine checkup?

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

**Section 3: Hypertension Awareness**

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

**Read Only if Necessary**

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never **Go to Q. 13 (p. 10)** 8
- Refused 9

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

- a. Yes 1
- b. No **Go to Q. 13 (p. 10)** 2
- Don't know/Not sure **Go to Q. 13 (p. 10)** 7
- Refused **Go to Q. 13 (p. 10)** 9

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- a. More than once 1
- b. Only once 2
- Don't know/Not sure 7
- Refused 9

**Section 4: Cholesterol Awareness**

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)
- a. Yes 1
  - b. No **Go to Q. 16 (p. 11)** 2
  - Don't know/Not sure **Go to Q. 16 (p. 11)** 7
  - Refused **Go to Q. 16 (p. 11)** 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

**Read Only if Necessary**

- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 5 years (2 to 5 years ago) 3
  - d. 5 or more years ago 4
  - Don't know/Not sure 7
  - Refused 9
15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

**Section 5: Diabetes**

16. Have you ever been told by a doctor that you have diabetes?  
(51)

|   |   |   |
|---|---|---|
| <b>If "Yes" and<br/>female, ask<br/>"Was this<br/>only when<br/>you were<br/>pregnant?"</b> | a. Yes  | 1 |
|   | b. Yes, but female told only during pregnancy | 2 |
|   | c. No   | 3 |
|   | Don't know/Not sure                           | 7 |
|   | Refused                                       | 9 |

**Section 6: Exercise**

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q. 27 (p. 15)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 27 (p. 15)</b> | 7 |
| Refused <b>Go to Q. 27 (p. 15)</b>             | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): \_\_\_\_\_  
**See coding list A**

Refused **Go to Q. 22 (p. 13)** 9 9

**Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.**

19. How far did you usually walk/run/jog/swim? (55-57)

|   |                     |   |   |   |
|---|---------------------|---|---|---|
| <b>See coding list B if response is not in miles and tenths</b> | Miles and tenths    | — | — | — |
|   | Don't know/Not sure | 7 | 7 | 7 |
|   | Refused             | 9 | 9 | 9 |

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Times per week   | 1 | — | — |
| b. Times per month  | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

|                     |     |   |     |     |
|---------------------|-----|---|-----|-----|
| Hours and minutes   | ___ | : | ___ | ___ |
| Don't know/Not sure | 7   | 7 | 7   |     |
| Refused             | 9   | 9 | 9   |     |

22. Was there another physical activity or exercise that you participated in during the last month? (64)

|  |   |  |  |
|--|---|--|--|
| a. Yes   | 1 |  |  |
| b. No <b>Go to Q. 27 (p. 15)</b>               | 2 |  |  |
| Don't know/Not sure <b>Go to Q. 27 (p. 15)</b> | 7 |  |  |
| Refused <b>Go to Q. 27 (p. 15)</b>             | 9 |  |  |

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

|                                    |     |     |
|------------------------------------|-----|-----|
| Activity (specify): _____          | ___ | ___ |
| <b>See coding list A</b>           |     |     |
| Refused <b>Go to Q. 27 (p. 15)</b> | 9   | 9   |

**Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25 (p. 14).**

24. How far did you usually walk/run/jog/swim? (67-69)

|   |                     |     |     |     |
|---|---------------------|-----|-----|-----|
| <b>See coding list B if response is not in miles and tenths</b> | Miles and tenths    | ___ | ___ | ___ |
|   | Don't know/Not sure | 7   | 7   | 7   |
|   | Refused             | 9   | 9   | 9   |

25. How many times per week or per month did you take part in this activity? (70-72)

|                     |   |     |     |
|---------------------|---|-----|-----|
| a. Times per week   | 1 | ___ | ___ |
| b. Times per month  | 2 | ___ | ___ |
| Don't know/Not sure | 7 | 7   | 7   |
| Refused             | 9 | 9   | 9   |

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

|                     |     |   |     |     |
|---------------------|-----|---|-----|-----|
| Hours and minutes   | ___ | : | ___ | ___ |
| Don't know/Not sure | 7   | 7 | 7   |     |
| Refused             | 9   | 9 | 9   |     |

**Section 7: Seat Belt Use**

27. How often do you use seat belts when you drive or ride in a car?  
(76)

Would you say: **Please Read**

- |    |               |   |
|----|---------------|---|
| a. | Always        | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes     | 3 |
| d. | Seldom        | 4 |
|    | <b>or</b>     |   |
| e. | Never         | 5 |

**Do not  
read these  
responses**

- |  |                              |   |
|--|------------------------------|---|
|  | Don't know/Not sure          | 7 |
|  | Never drive or ride in a car | 8 |
|  | Refused                      | 9 |

28. What is the age of the oldest child in your household under the age of 16? (77-78)

**Code  
<1 yr.  
as "01"**

- |    |                          |                            |     |
|----|--------------------------|----------------------------|-----|
| a. | Code age in years        |                            |     |
| b. | No children under age 16 | <b>Go to Q. 30 (p. 16)</b> | 8 8 |
|    | Don't know/Not sure      | <b>Go to Q. 30 (p. 16)</b> | 7 7 |
|    | Refused                  | <b>Go to Q. 30 (p. 16)</b> | 9 9 |

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- |    |                      |   |
|----|----------------------|---|
| a. | Always               | 1 |
| b. | Nearly always        | 2 |
| c. | Sometimes            | 3 |
| d. | Seldom               | 4 |
|    | <b>or</b>            |   |
| e. | Never                | 5 |
|    | Don't know/Not sure  | 7 |
|    | Never rides in a car | 8 |
|    | Refused              | 9 |

**Do not  
read these  
responses**

## Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?  
(80)

5 packs  
= 100  
ciga-  
rettes

- |   |   |
|---|---|
| a. Yes                                  | 1 |
| b. No Go to Q. 35 (p. 19)               | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19)             | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?  
(81)

- |                                   |   |
|-----------------------------------|---|
| a. Everyday                       | 1 |
| b. Some days Go to Q. 32a         | 2 |
| c. Not at all Go to Q. 34 (p. 18) | 3 |
| Refused Go to Q. 35 (p. 19)       | 9 |

32. On the average, about how many cigarettes a day do you now smoke?  
(82-83)

1 pack  
= 20  
ciga-  
rettes

- |  |     |
|--|-----|
| Number of cigarettes Go to Q. 33 (p. 18) |     |
| Don't know/Not sure Go to Q. 33 (p. 18)  | 7 7 |
| Refused Go to Q. 33 (p. 18)              | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(84-85)

1 pack  
= 20  
ciga-  
rettes

- |  |     |
|--|-----|
| Number of cigarettes Go to Q. 35 (p. 19) |     |
| Don't know/Not sure Go to Q. 35 (p. 19)  | 7 7 |
| Refused Go to Q. 35 (p. 19)              | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer? (86)

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 35 (p. 19)</b>              | 1 |
| b. No <b>Go to Q. 35 (p. 19)</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 35 (p. 19)</b> | 7 |
| Refused <b>Go to Q. 35 (p. 19)</b>             | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. Within the past month (0 to 1 month ago)     | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago)    | 0 4 |
| e. Within the past 5 years (1 to 5 years ago)   | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago                         | 0 7 |
| Don't know/Not sure                             | 7 7 |
| Never smoked regularly                          | 8 8 |
| Refused   | 9 9 |

**Section 9: Smokeless Tobacco Use**

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

|  |  |   |
|--|--|---|
| <b>Probe for<br/>chewing<br/>tobacco,<br/>snuff,<br/>or both</b> | a. Yes, chewing tobacco                        | 1 |
|  | b. Yes, snuff                                  | 2 |
|  | c. Yes, both                                   | 3 |
|  | d. No, neither <b>Go to Q. 37 (p. 20)</b>      | 4 |
|  | Don't know/Not sure <b>Go to Q. 37 (p. 20)</b> | 7 |
|  | Refused <b>Go to Q. 37 (p. 20)</b>             | 9 |

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

|  |                         |   |
|--|-------------------------|---|
| <b>"Yes"<br/>includes<br/>occa-<br/>sional<br/>use</b> | a. Yes, chewing tobacco | 1 |
|  | b. Yes, snuff           | 2 |
|  | c. Yes, both            | 3 |
|  | d. No, neither          | 4 |
|  | Don't know/Not sure     | 7 |
|  | Refused                 | 9 |

**Section 10: Demographics**

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**  
e. Other: (specify)\_\_\_\_\_ 5

**Do not** Don't know/Not sure 7

**read these**

**responses** Refused 9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

**Please Read**

- |                                    |   |
|------------------------------------|---|
| a. Married                         | 1 |
| b. Divorced                        | 2 |
| c. Widowed                         | 3 |
| d. Separated                       | 4 |
| e. Never been married              | 5 |
| <b>or</b>                          |   |
| f. A member of an unmarried couple | 6 |
| Refused                            | 9 |

41. How many children live in your household who are...

**Please Read**

- |                      |                             |          |
|----------------------|-----------------------------|----------|
| <b>Code 1-9</b>      | a. less than 5 years old?   | ___ (96) |
| <b>7 = 7 or more</b> | b. 5 through 12 years old?  | ___ (97) |
| <b>8 = None</b>      | c. 13 through 17 years old? | ___ (98) |
| <b>9 = Refused</b>   |                             |          |

42. What is the highest grade or year of school you completed? (99)

**Read Only if Necessary**

- |   |   |
|---|---|
| a. Never attended school or only kindergarten                   | 1 |
| b. Grades 1 through 8 (Elementary)                              | 2 |
| c. Grades 9 through 11 (Some high school)                       | 3 |
| d. Grade 12 or GED (High school graduate)                       | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate)                   | 6 |
| Refused   | 9 |

43. Are you currently: (100)

**Please Read**

- |                                     |   |
|-------------------------------------|---|
| a. Employed for wages               | 1 |
| b. Self-employed                    | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker                        | 5 |
| f. Student                          | 6 |
| g. Retired                          | 7 |
| <b>or</b>                           |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

44. Is your annual household income from all sources: (101-102)

**Read as Appropriate**

- |  |   |            |
|--|---|------------|
| <b>If res-<br/>pondent<br/>refuses<br/>at any<br/>income<br/>level,<br/>code<br/>refused</b> | a. Less than \$25,000 <b>If "no," ask e; if "yes," ask b</b><br>(\$20,000 to less than \$25,000)  | 0 4        |
|  | b. Less than \$20,000 <b>If "no," code a; if "yes," ask c</b><br>(\$15,000 to less than \$20,000) | 0 3        |
|  | c. Less than \$15,000 <b>If "no," code b; if "yes," ask d</b><br>(\$10,000 to less than \$15,000) | 0 2        |
|  | d. Less than \$10,000 <b>If "no," code c</b>  | 0 1        |
|  | e. Less than \$35,000 <b>If "no," ask f</b><br>(\$25,000 to less than \$35,000)                   | 0 5        |
|  | f. Less than \$50,000 <b>If "no," ask g</b><br>(\$35,000 to less than \$50,000)                   | 0 6        |
|  | g. Less than \$75,000 <b>If "no," code h</b><br>(\$50,000 to \$75,000)                            | 0 7        |
|  | h. \$75,000 or more<br>Don't know/Not sure  | 0 8<br>7 7 |
| <b>Do not<br/>read these<br/>responses</b>   | Refused   | 9 9        |

|   |  |                            |
|---|--|----------------------------|
| 45. About how much do you weigh without shoes?                    |  | (103-105)                  |
| <b>Round<br/>fractions<br/>up</b>                                 | Weight   | pounds                     |
|   | Don't know/Not sure                            | 7 7 7                      |
|   | Refused  | 9 9 9                      |
| 46. About how tall are you without shoes?                         |  | (106-108)                  |
| <b>Round<br/>fractions<br/>down</b>                               | Height   | <u>    </u> /<br>ft/inches |
|   | Don't know/Not sure                            | 7 7 7                      |
|   | Refused  | 9 9 9                      |
| 47. What is your zip code?  |  | (109-113)                  |
|   | Zip code                                       |                            |
|   | Don't know/not sure                            | 7 7 7 7 7                  |
|   | Refused  | 9 9 9 9 9                  |
| 48. Do you have more than one telephone number in your household? |  | (114)                      |
| a. Yes  |  | 1                          |
| b. No <b>Go to Q. 50</b>  |  | 2                          |
|   | Refused <b>Go to Q. 50</b>                     | 9                          |
| 49. How many residential telephone numbers do you have?           |  | (115)                      |
| <b>Exclude ded-<br/>icated fax<br/>and computer<br/>lines</b>     | Total telephone numbers [ <b>8=8 or more</b> ] |                            |
|   | Refused  | 9                          |
| 50. Indicate sex of respondent. <b>Ask Only if Necessary</b>      |  | (116)                      |
|   | Male <b>Go to Q. 62 (p. 28)</b>                | 1                          |
|   | Female   | 2                          |

**Section 11: Women's Health**

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (117)
- a. Yes 1
  - b. No **Go to Q. 54 (p. 25)** 2
  - Don't know/Not sure **Go to Q. 54 (p. 25)** 7
  - Refused **Go to Q. 54 (p. 25)** 9
52. How long has it been since you had your last mammogram? (118)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Refused 9
53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)
- a. Routine checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
  - Don't know/Not sure 7
  - Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)
- a. Yes 1
  - b. No **Go to Q. 58 (p. 26)** 2
  - Don't know/Not sure **Go to Q. 58 (p. 26)** 7
  - Refused **Go to Q. 58 (p. 26)** 9
55. How long has it been since your last breast exam? (121)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Refused 9
56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)
- a. Routine Checkup 1
  - b. Breast problem other than cancer 2
  - c. Had breast cancer 3
  - Don't know/Not sure 7
  - Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)
- a. Yes 1
  - b. No Go to Q. 60 (p. 27) 2
  - Don't know/Not sure Go to Q. 60 (p. 27) 7
  - Refused Go to Q. 60 (p. 27) 9
58. How long has it been since you had your last Pap smear? (124)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past 2 years (1 to 2 years ago) 2
  - c. Within the past 3 years (2 to 3 years ago) 3
  - d. Within the past 5 years (3 to 5 years ago) 4
  - e. 5 or more years ago 5
  - Don't know/Not sure 7
  - Refused 9
59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)
- a. Routine exam 1
  - b. Check current or previous problem 2
  - Other 3
  - Don't know/Not sure 7
  - Refused 9

60. Have you had a hysterectomy? (126)

- A hysterectomy is an operation to remove the uterus (womb)**
- a. Yes **Go to Q. 62 (p. 28)** 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

**If respondent 45 years old or older, go to Q. 62 (p. 28).**

61. To your knowledge, are you now pregnant? (127)

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

**Section 12: Immunization**

|   |       |
|---|-------|
| 62. During the past 12 months, have you had a flu shot? | (128) |
| a. Yes  | 1     |
| b. No   | 2     |
| Don't know/Not sure                                     | 7     |
| Refused   | 9     |
| 63. Have you ever had a pneumonia vaccination?          | (129) |
| a. Yes  | 1     |
| b. No   | 2     |
| Don't know/Not sure                                     | 7     |
| Refused   | 9     |

**Section 13: HIV/AIDS**

**If respondent is 65 years old or older, go to Section 14 (p. 33).**

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

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

| Would you say: | Please Read  |   |
|----------------|--|---|
| a. High        |  | 1 |
| b. Medium      |  | 2 |
| c. Low         |  | 3 |
|                | <b>or</b>  |   |
| d. None        |  | 4 |
|                | Not applicable (Have HIV) <b>Go to Q. 66 (p. 29)</b> | 5 |
|                | Don't know/Not sure                                  | 7 |
|                | Refused  | 9 |

**Do not  
read these  
responses**

65. Have you ever had your blood tested for HIV? (131)

|                                  |  |   |
|----------------------------------|--|---|
| a. Yes                           |  | 1 |
| b. No <b>Go to Q. 70 (p. 33)</b> |  | 2 |
|                                  | Don't know/Not sure <b>Go to Q. 70 (p. 33)</b> | 7 |
|                                  | Refused <b>Go to Q. 70 (p. 33)</b>             | 9 |

66. When was your last blood test for HIV? (132-135)

|                     |             |             |   |             |
|---------------------|-------------|-------------|---|-------------|
| Code month and year |             |             |   |             |
| Don't know/Not sure | <u>    </u> | <u>    </u> | / | <u>    </u> |
|                     | 7           | 7           | 7 | 7           |
| Refused             | 9           | 9           | 9 | 9           |

67. What was the main reason you had your last blood test for HIV?  
(136-137)

Reason code

**Read only if necessary**

|    |   |     |
|----|---|-----|
| a. | For hospitalization or surgical procedure       | 0 1 |
| b. | To apply for health insurance                   | 0 2 |
| c. | To apply for life insurance                     | 0 3 |
| d. | For employment                                  | 0 4 |
| e. | To apply for a marriage license                 | 0 5 |
| f. | For military induction or military service      | 0 6 |
| g. | For immigration                                 | 0 7 |
| h. | Just to find out if you were infected           | 0 8 |
| i. | Because of referral by a doctor                 | 0 9 |
| j. | Because of pregnancy                            | 1 0 |
| k. | Referred by your sex partner                    | 1 1 |
| l. | Because it was part of a blood donation process | 1 2 |
| m. | For routine check-up                            | 1 3 |
| n. | Because of occupational exposure                | 1 4 |
| o. | Because of illness                              | 1 5 |
| p. | Because I am at risk for HIV                    | 1 6 |
| q. | Other   | 8 7 |
|    | Don't know/Not sure                             | 7 7 |
|    | Refused   | 9 9 |

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

**Read only if necessary**

|  |     |
|--|-----|
| a. Private doctor, HMO                           | 0 1 |
| b. Blood bank, plasma center, Red Cross          | 0 2 |
| c. Health department                             | 0 3 |
| d. AIDS clinic, counseling, testing site         | 0 4 |
| e. Hospital, emergency room, outpatient clinic   | 0 5 |
| f. Family planning clinic                        | 0 6 |
| g. Prenatal clinic, obstetrician's office        | 0 7 |
| h. Tuberculosis clinic                           | 0 8 |
| i. STD clinic                                    | 0 9 |
| j. Community health clinic                       | 1 0 |
| k. Clinic run by employer                        | 1 1 |
| l. Insurance company clinic                      | 1 2 |
| m. Other public clinic                           | 1 3 |
| n. Drug treatment facility                       | 1 4 |
| o. Military induction or military service site   | 1 5 |
| p. Immigration site                              | 1 6 |
| q. At home, home visit by nurse or health worker | 1 7 |
| r. At home using self-sampling kit               | 1 8 |
| s. In jail or prison                             | 1 9 |
| t. Other   | 8 7 |
| Don't know/Not sure                              | 7 7 |
| Refused  | 9 9 |

|  |       |
|--|-------|
| 69. Did you receive the results of your last test? | (140) |
| a. Yes   | 1     |
| b. No  | 2     |
| Don't know/Not sure                                | 7     |
| Refused  | 9     |

**Section 14: Quality of Life**

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
  - b. No **Go to Q. 75** 2
  - Don't know/Not sure **Go to Q. 75** 7
  - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
  - b. Back or neck problem 0 2
  - c. Fractures, bone/joint injury 0 3
  - d. Walking problem 0 4
  - e. Lung/breathing problem 0 5
  - f. Hearing problem 0 6
  - g. Eye/vision problem 0 7
  - h. Heart problem 0 8
  - i. Stroke problem 0 9
  - j. Hypertension/high blood pressure 1 0
  - k. Diabetes 1 1
  - l. Cancer 1 2
  - m. Depression/anxiety/emotional problem 1 3
  - n. Other impairment/problem 1 4
  - Don't know/Not sure 7 7
  - Refused 9 9

72. For how long have your activities been limited because of your major impairment or health problem? (144-145)
- |                     |       |
|---------------------|-------|
| a. Days             | 1     |
| b. Weeks            | 2     |
| c. Months           | 3     |
| d. Years            | 4     |
| Don't know/Not Sure | 7 7 7 |
| Refused             | 9 9 9 |
73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

75. 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? (148-149)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   |   |   |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |
76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |
77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |
78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)
- |                     |   |   |
|---------------------|---|---|
| a. Number of days   |   |   |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)

|                     |   |   |
|---------------------|---|---|
| a. Number of days   | — | — |
| b. None             | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused             | 9 | 9 |

**Module 2: Health Care Utilization**

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- |  |   |
|--|---|
| a. Excellent                                 | 1 |
| b. Very Good                                 | 2 |
| c. Good                                      | 3 |
| d. Fair                                      | 4 |
| <b>or</b>                                    |   |
| e. Poor                                      | 5 |
| Not applicable/don't use any health services | 8 |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

**Do not  
read these  
responses**

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- |  |   |
|--|---|
| a. Yes <b>Go to Q. 5</b>                 | 1 |
| b. More than one place <b>Go to Q. 4</b> | 2 |
| c. No                                    | 3 |
| Don't know/Not sure <b>Go to Q. 9</b>    | 7 |
| Refused <b>Go to Q. 9</b>                | 9 |

3. What is the main reason you do not have a usual source of medical care?
- |   |     |
|---|-----|
| a. Two or more usual places   | 0 1 |
| b. Have not needed a doctor <b>Go to Q. 9</b>                         | 0 2 |
| c. Do not like/trust/believe in doctors<br><b>Go to Q. 9</b>          | 0 3 |
| d. Do not know where to go <b>Go to Q. 9</b>                          | 0 4 |
| e. Previous doctor is not available/moved<br><b>Go to Q. 9</b>        | 0 5 |
| f. No insurance/cannot afford <b>Go to Q. 9</b>                       | 0 6 |
| g. Speak a different language <b>Go to Q. 9</b>                       | 0 7 |
| h. No place is available/close enough/convenient<br><b>Go to Q. 9</b> | 0 8 |
| i. Other <b>Go to Q. 9</b>  | 0 9 |
| Don't know/Not sure <b>Go to Q. 9</b>                                 | 7 7 |
| Refused <b>Go to Q. 9</b>   | 9 9 |
4. Is there one of these places that you go to most often when you are sick or need advice about your health?
- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No <b>Go to Q. 9</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 9</b> | 7 |
| Refused <b>Go to Q. 9</b>             | 9 |

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

|  |     |
|--|-----|
| a. Doctor's office or private clinic             | 0 1 |
| b. Company or school health clinic/center        | 0 2 |
| c. Community/migrant/rural clinic/center         | 0 3 |
| d. County/city/public hospital outpatient clinic | 0 4 |
| e. Private/other hospital outpatient clinic      | 0 5 |
| f. Hospital emergency room                       | 0 6 |
| g. HMO/prepaid group                             | 0 7 |
| h. Psychiatric hospital or clinic                | 0 8 |
| i. VA hospital or clinic                         | 0 9 |
| j. Military health care facility                 | 1 0 |
| k. Some other kind of place                      | 1 1 |
| Don't know/Not sure                              | 7 7 |
| Refused  | 9 9 |

6. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

|                        |   |
|------------------------|---|
| a. Excellent           | 1 |
| b. Very Good           | 2 |
| c. Good                | 3 |
| d. Fair                | 4 |
| <b>or</b>              |   |
| e. Poor                | 5 |
| Don't have usual place | 6 |
| Don't know/Not sure    | 7 |
| Refused                | 9 |

**Do not  
read these  
responses**

## 7. When did you last change doctors?

**Read only if necessary**

|  |   |   |
|--|---|---|
| <b>"Doctors"<br/>includes other<br/>health<br/>professionals</b> | a. Within the past year (1 to 12 months ago)  | 1 |
|  | b. Within the past 2 years (1 to 2 years ago) | 2 |
|  | c. Within the past 3 years (2 to 3 years ago) | 3 |
|  | d. Within the past 5 years (3 to 5 years ago) | 4 |
|  | e. 5 or more years ago                        | 5 |
|  | f. Never <b>Go to Q. 9</b>                    | 8 |
|  | Don't know/Not sure <b>Go to Q. 9</b>         | 7 |
| Refused <b>Go to Q. 9</b>  | 9   |   |

## 8. Why did you change doctors that last time?

|  |   |     |
|--|---|-----|
| <b>"Doctors"<br/>includes other<br/>health<br/>professionals</b> | a. Changed residence or moved   | 0 1 |
|  | b. Changed jobs   | 0 2 |
|  | c. Changed health care coverage                                       | 0 3 |
|  | d. Provider moved or retired  | 0 4 |
|  | e. Dissatisfied with former provider<br>or liked new provider better  | 0 5 |
|  | f. Former provider no longer reimbursed<br>by my health care coverage | 0 6 |
|  | g. Owed money to former provider                                      | 0 7 |
|  | h. Medical care needs changed   | 0 8 |
|  | i. Other  | 8 7 |
|  | Don't know/Not sure   | 7 7 |
|  | Refused   | 9 9 |

9. Does difficulty with transportation sometime prevent you from seeing a doctor?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

**County-Added Module 1: Motor Vehicle Crashes**

1. Which of the following best describes your mode of transportation. Is it:

**Please Read**

- |    |   |   |
|----|---|---|
| a. | I own and operate a motor vehicle or other means of getting around on my own      | 1 |
| b. | Friends, family, attendants, or someone else takes me where and when I want to go | 2 |
| c. | I depend on rides from friends or family when I can get them                      | 3 |
| d. | I take public transportation such as the bus, cab, or city lift van               | 4 |
| e. | I seldom or never travel because I have no reliable source of transportation      | 5 |
|    | Don't Know/Not Sure   | 7 |
|    | Refused   | 9 |
2. During the past five years were you involved in a motor vehicle crash as either a passenger or driver ?
- |    |  |   |
|----|--|---|
| a. | Yes  | 1 |
| b. | No <b>Go to Next Module</b>                  | 2 |
|    | Don't know/Not Sure <b>Go to Next Module</b> | 7 |
|    | Refused <b>Go to next module</b>             | 9 |

3. For the next couple of questions, if you were involved in more than one crash, please respond for the most serious crash you were in during the past five years. Were you wearing a seat belt at the time of the crash ?

- |   |   |
|---|---|
| a. Yes  | 1 |
| b. No   | 2 |
| c. Not applicable (riding vehicle without a seat belt such as a motorcycle) | 3 |
| Don't know/Not sure   | 7 |
| Refused   | 9 |

4. How badly were you injured ? Would you say:

**Please Read**

- |  |   |
|--|---|
| a. Not at all                                | 1 |
| b. Treated at the scene of the crash only    | 2 |
| c. Treated in an emergency room and released | 3 |
| d. Admitted to the hospital                  | 4 |
| Don't know/Not sure                          | 7 |
| Refused                                      | 9 |

**County-Added Module 2: Falls**

**If the respondent is aged 18 - 64 go to the Next module**

1. Have you fallen within the last five years ?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. The last time you fell, what was the cause of your fall ?
  - a. Eye problems 0 1
  - b. Tub or shower 0 2
  - c. Stairs 0 3
  - d. Leg weakness or pain 0 4
  - e. Medications 0 5
  - f. General weakness or imbalance 0 6
  - g. Ice or other slippery surface 0 7
  - h. Other (specify:\_\_\_\_\_ ) 0 8
  - Don't know/Not sure 7 7
  - Refused 9 9

**Module 14: Injury**

1. During the past year, have you suffered an injury serious enough to keep you from doing your regular activities for at least one day?

- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |

For these next few questions, if you have suffered more than one injury within the last year, please respond for the most serious injury you suffered during the past year.

2. Did your injury occur while you were at work?

- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

3. Where did your injury occur?

- |                            |     |
|----------------------------|-----|
| a. Home                    | 0 1 |
| b. Farm/Ranch              | 0 2 |
| c. Public building         | 0 3 |
| d. Industrial place        | 0 4 |
| e. Street/highway/road     | 0 5 |
| f. Mine/Quarry             | 0 6 |
| g. Recreational place      | 0 7 |
| h. Residential institution | 0 8 |
| i. Other (specify:_____)   | 0 9 |
| Don't Know/Not sure        | 7 7 |
| Refused                    | 9 9 |

4. What was the main cause of your injury?
- |                                 |     |
|---------------------------------|-----|
| a. Fall                         | 0 1 |
| b. Fire/burn                    | 0 2 |
| c. Cut/pierce                   | 0 3 |
| d. Firearm                      | 0 4 |
| e. Machinery                    | 0 5 |
| f. Motor vehicle crash          | 0 6 |
| g. Other form of transportation | 0 7 |
| h. Poisoning                    | 0 8 |
| i. Suffocation                  | 0 9 |
| j. Overexertion                 | 1 0 |
| k. Fight/Physical assault       | 1 1 |
| l. Other (Specify:_____)        | 1 2 |
| Don't know/Not sure             | 7 7 |
| Refused                         | 9 9 |
5. Was your injury inflicted on purpose by yourself or someone else?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |
6. Did you receive treatment from a health professional for your injury?
- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not Sure <b>Go to Next Module</b> | 7 |

Refused **Go to Next Module**

9

7. Where did you receive treatment for your injury?

Was it an: **Please Read**

- |   |   |
|---|---|
| a. Emergency room or urgent care center | 1 |
| b. Hospital                             | 2 |
| c. Doctor's Office or HMO               | 3 |
| d. Health clinic or walk-in center      | 4 |
| e. Dentist or dental clinic             | 5 |
| <b>or</b>                               |   |
| f. Some other place                     | 6 |
| Don't Know/Not sure                     | 7 |
| Refused                                 | 9 |

**County-added Module 3: Mental Health**

1. In the past year, did you think about seeking help from family or friends for any personal or emotional problems ?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
  
2. In the past year, did you think about seeking help from a therapist, counselor, or self-help group for any personal or emotional problems ?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
  
3. During the past five years have you thought you might have depression ?
  - a. Yes 1
  - b. No **Go to Q. 7** 2
  - Don't know/Not sure **Go to Q. 7** 7
  - Refused **Go to Q. 7** 9
  
4. During the past five years have you been diagnosed with depression ?
  - a. Yes 1
  - b. No **Go to Q. 7** 2
  - Don't know/Not sure **Go to Q. 7** 7
  - Refused **Go to Q. 7** 9

5. Did you receive treatment for your depression ?
- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No <b>Go to Q. 7</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 7</b> | 7 |
| Refused <b>Go to Q. 7</b>             | 9 |
6. Who treated you for depression ?
- |  |     |
|--|-----|
| a. Psychologist  | 0 1 |
| b. Psychiatrist  | 0 2 |
| c. Family doctor   | 0 3 |
| d. Mental health center                                  | 0 4 |
| e. Self-help group                                       | 0 5 |
| f. Family or friends                                     | 0 6 |
| g. Pastor, priest, rabbi or other<br>religious counselor | 0 7 |
| Other (specify:_____)                                    | 0 8 |
| Don't know/Not Sure                                      | 7 7 |
| Refused  | 9 9 |
7. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it ?
- |                                       |   |
|---------------------------------------|---|
| a. Yes                                | 1 |
| b. No <b>Go to Q. 9</b>               | 2 |
| Don't know/Not sure <b>Go to Q. 9</b> | 7 |
| Refused <b>Go to Q. 9</b>             | 9 |

8. Why were you unable to get treatment for your personal or emotional problem ?
- |   |   |
|---|---|
| a. Cost/Couldn't afford/Insurance would not cover   | 1 |
| b. Lack transportation                              | 2 |
| c. No place was close enough/available/convenient   | 3 |
| d. Do not know where to go                          | 4 |
| e. Do not trust psychiatrists/psychologists/doctors | 5 |
| f. Embarrassed/Stigmatism                           | 6 |
| g. Other reason                                     | 8 |
| Don't know/Not sure                                 | 7 |
| Refused   | 9 |
9. If you or someone in your family needed treatment for a mental health problem where would you go for help ?
- |   |     |
|---|-----|
| a. Horizons Mental Health Center                      | 0 1 |
| b. Samaritan Counseling                               | 0 2 |
| c. Prairie View (McPherson's Community health center) | 0 3 |
| d. Family Life Center                                 | 0 4 |
| e. Counseling, Consultation, and Mediation            | 0 5 |
| f. Psychologist                                       | 0 6 |
| g. Psychiatrist                                       | 0 7 |
| h. Family doctor                                      | 0 8 |
| i. Mental Health Center                               | 0 9 |
| j. Self-help group                                    | 1 0 |
| k. Family or friends                                  | 1 1 |
| l. Pastor, Priest, Rabbi or other religious counselor | 1 2 |
| m. State hospital                                     | 1 3 |
| n. Local Hospital                                     | 1 4 |
| o. Other (specify: _____)                             | 1 5 |
| Don't know/Not Sure                                   | 7 7 |
| Refused   | 9 9 |

**Module 1: Health Care Coverage**

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

- |    |   |     |
|----|---|-----|
| a. | Lost job or changed employers<br><b>Go to Next Module</b>   | 0 1 |
| b. | Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change]<br><b>Go to Next Module</b> | 0 2 |
| c. | Became divorced or separated <b>Go to Next<br/>Module</b>   | 0 3 |
| d. | Spouse or parent died <b>Go to Next Module</b>  | 0 4 |
| e. | Became ineligible because of age or because<br>left school <b>Go to Next Module</b>   | 0 5 |
| f. | Employer doesn't offer or stopped offering<br>coverage <b>Go to Next Module</b>   | 0 6 |
| g. | Cut back to part time or became temporary<br>employee <b>Go to Next Module</b>  | 0 7 |
| h. | Benefits from employer or former employer ran<br>out <b>Go to Next Module</b>   | 0 8 |
| i. | Couldn't afford to pay the premiums<br><b>Go to Next Module</b>   | 0 9 |
| j. | Insurance company refused coverage<br><b>Go to Next Module</b>  | 1 0 |
| k. | Lost Medicaid or Medical Assistance eligibility<br><b>Go to Next Module</b>   | 1 1 |
| l. | Other <b>Go to Next Module</b>  | 8 7 |
|    | Don't know/Not sure <b>Go to Next Module</b>  | 7 7 |
|    | Refused <b>Go to Next Module</b>  | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

Do not  
include  
plans that  
only cover  
one type of  
service or  
care

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

If respondent 66 years old or older, go to next module.

If respondent answered "no", "don't know", or "refused" to core Q. 6 the go to next module.

3. What was the main reason you were without health care coverage?

- |  |  |     |
|--|--|-----|
| a. Lost job or changed employers   |  | 0 1 |
| b. Spouse or parent lost job or changed employers<br>[includes any person who had been providing<br>insurance prior to job loss or change] |  | 0 2 |
| c. Became divorced or separated  |  | 0 3 |
| d. Spouse or parent died   |  | 0 4 |
| e. Became ineligible because of age or because<br>left school  |  | 0 5 |
| f. Employer doesn't offer or stopped offering<br>coverage  |  | 0 6 |
| g. Cut back to part time or became temporary<br>employee   |  | 0 7 |
| h. Benefits from employer or former employer ran<br>out  |  | 0 8 |
| i. Couldn't afford to pay the premiums   |  | 0 9 |
| j. Insurance company refused coverage  |  | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility   |  | 1 1 |
| l. Other   |  | 8 7 |
| Don't know/Not sure  |  | 7 7 |

Refused

9 9

### Module 6: 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.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 |   |   |
| b. Per week         | 2 |   |   |
| c. Per month        | 3 |   |   |
| d. Per year         | 4 |   |   |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

2. Not counting juice, how often do you eat fruit?

- |                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 |   |   |
| b. Per week         | 2 |   |   |
| c. Per month        | 3 |   |   |
| d. Per year         | 4 |   |   |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

3. How often do you eat green salad?

|                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 |   |   |
| b. Per week         | 2 |   |   |
| c. Per month        | 3 |   |   |
| d. Per year         | 4 |   |   |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

|                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 |   |   |
| b. Per week         | 2 |   |   |
| c. Per month        | 3 |   |   |
| d. Per year         | 4 |   |   |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

5. How often do you eat carrots?

|                     |   |   |   |
|---------------------|---|---|---|
| a. Per day          | 1 |   |   |
| b. Per week         | 2 |   |   |
| c. Per month        | 3 |   |   |
| d. Per year         | 4 |   |   |
| e. Never            | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused             | 9 | 9 | 9 |

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

|  |                     |   |   |   |
|--|---------------------|---|---|---|
| <b>Example:</b><br>A serving of<br>vegetables at<br>both lunch<br>and dinner<br>would be two<br>servings | a. Per day          | 1 |   |   |
|  | b. Per week         | 2 |   |   |
|  | c. Per month        | 3 |   |   |
|  | d. Per year         | 4 |   |   |
|  | e. Never            | 5 | 5 | 5 |
|  | Don't know/Not sure | 7 | 7 | 7 |
|  | Refused             | 9 | 9 | 9 |

**Module 7: Weight Control**

1. Are you now trying to lose weight?
- |        |                     |   |
|--------|---------------------|---|
| a. Yes | <b>Go to Q. 3</b>   | 1 |
| b. No  |                     | 2 |
|        | Don't know/Not sure | 7 |
|        | Refused             | 9 |
2. Are you now trying to maintain your current weight, that is to keep from gaining weight?
- |        |                                       |   |
|--------|---------------------------------------|---|
| a. Yes |                                       | 1 |
| b. No  | <b>Go to Q. 6</b>                     | 2 |
|        | Don't know/Not sure <b>Go to Q. 6</b> | 7 |
|        | Refused <b>Go to Q. 6</b>             | 9 |
3. Are you eating either fewer calories or less fat to...  
lose weight? [**if "Yes" on Q. 1**]  
keep from gaining weight? [**if "Yes" on Q. 2**]
- |                                |                                     |                     |   |
|--------------------------------|-------------------------------------|---------------------|---|
| <b>Probe<br/>for<br/>which</b> | a. Yes, fewer calories              | 1                   |   |
|                                | b. Yes, less fat                    | 2                   |   |
|                                | c. Yes, fewer calories and less fat | 3                   |   |
|                                | d. No                               | 4                   |   |
|                                |                                     | Don't know/Not sure | 7 |
|                                |                                     | Refused             | 9 |

4. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 1]

keep from gaining weight? [if "Yes" on Q. 2]

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

5. How much would you like to weigh?

Weight

pounds

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

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

**Probe  
for  
which**

- |                                 |   |
|---------------------------------|---|
| a. Yes, lose weight             | 1 |
| b. Yes, gain weight             | 2 |
| c. Yes, maintain current weight | 3 |
| d. No                           | 4 |
| Don't know/Not sure             | 7 |
| Refused                         | 9 |

**Module 9: Alcohol Consumption**

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
  - a. Days per week 1
  - b. Days per month 2
  - Don't know/Not sure **Go to Q. 4** 7 7 7
  - Refused **Go to Q. 4** 9 9 9
  
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
 

Number of drinks

  - Don't know/Not sure 7 7
  - Refused 9 9
  
4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
  - a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

## Module 25: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

These next few questions will focus on the health of children.

1. What is the age of the youngest child in your household?
  - a. Age
 

|   |   |   |
|---|---|---|
| Don't Know/Not Sure                               | 7 | 7 |
| No Children Under Age 18 <b>Go to Next Module</b> | 8 | 8 |
| Refused   | 9 | 9 |
  
2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?
  - a. Daughter 0 1
  - b. Stepdaughter 0 2
  - c. Son 0 3
  - d. Stepson 0 4
  - e. Brother or Stepbrother 0 5
  - f. Sister or Stepsister 0 6
  - g. Grandson 0 7
  - h. Granddaughter 0 8
  - i. Other (specify) \_\_\_\_\_ 0 9
  - Don't Know/Not Sure 7 7
  - Refused 9 9

3. Would you say that in general the youngest child's health is:

**Please Read**

- |                     |   |
|---------------------|---|
| a. Excellent        | 1 |
| b. Very Good        | 2 |
| c. Good             | 3 |
| d. Fair             | 4 |
| <b>or</b>           |   |
| e. Poor             | 5 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |

4. Is the youngest child limited in any way in any activities because of any impairment or health problem?

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

5. About how long has it been since the youngest child last visited a doctor for a routine checkup?

**Read only if necessary**

- |   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)  | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago                        | 4 |
| Don't know/Not sure                           | 7 |
| Never   | 8 |
| Refused                                       | 9 |

6. Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health
- a. Yes 1
  - b. More than one place 2
  - c. No 3
  - Don't Know/Not Sure 7
  - Refused 9
8. Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes 1
  - b. No **Go to Q. 10** 2
  - Don't know/Not sure **Go to Q. 11** 7
  - Refused **Go to Q. 11** 9

9. What type of health care coverage do you use to pay for most of the youngest child's medical care?

Is it coverage through: **Please Read**

|    |   |                    |     |
|----|---|--------------------|-----|
| a. | Your employer   | <b>Go to Q. 11</b> | 0 1 |
| b. | Someone else's employer   | <b>Go to Q. 11</b> | 0 2 |
| c. | A plan that you or someone else buys on your own                  | <b>Go to Q. 11</b> | 0 3 |
| d. | Medicare  | <b>Go to Q. 11</b> | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | <b>Go to Q. 11</b> | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA]                    | <b>Go to Q. 11</b> | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | <b>Go to Q. 11</b> | 0 7 |
|    | or  |                    |     |
| h. | Some other source   | <b>Go to Q. 11</b> | 0 8 |
|    | None  | <b>Go to Q. 10</b> | 8 8 |
|    | Don't know/Not sure   | <b>Go to Q. 11</b> | 7 7 |
|    | Refused   | <b>Go to Q. 11</b> | 9 9 |

**Do not  
read these  
responses**

10. There are some types of coverage you may not have considered. Please tell me if the youngest child may have any of the following:

Coverage through: **Please Read**

|  |  |     |
|--|--|-----|
| <b>If more than one, ask "Which type do you use to pay for most of your medical care?"</b> | a. Your employer   | 0 1 |
|  | b. Someone else's employer   | 0 2 |
|  | c. A plan that you or someone else buys on your own                      | 0 3 |
|  | d. Medicare  | 0 4 |
|  | e. Medicaid or Medical Assistance [or substitute state program name]     | 0 5 |
|  | f. The military, CHAMPUS, or the VA [or CHAMP-VA]                        | 0 6 |
|  | g. The Indian Health Service [or the Alaska Native Health Service]<br>or | 0 7 |
|  | h. Some other source   | 0 8 |
| <b>Do not read these responses</b>   | None   | 8 8 |
|  | Don't know/Not sure  | 7 7 |
|  | Refused  | 9 9 |

11. Would you say that the youngest child's dental health is:

**Please Read**

|                     |   |
|---------------------|---|
| a. Excellent        | 1 |
| b. Very good        | 2 |
| c. Good             | 3 |
| d. Fair             | 4 |
| e. Poor             | 5 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

12. About how long has it been since the youngest child visited a dentist for a routine check-up?
- a. Within the past year (1 to 12 months ago) 1
  - b. Within the past two years (1 to 2 years ago) 2
  - c. Within the past five years (2 to 5 years ago) 3
  - d. Five or more years ago 4
  - Don't know/Not sure 7
  - Refused 9
13. Was there a time during the last 12 months when the youngest child needed to see a dentist, but could not due to the cost?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
14. Is there one particular dentist or dental clinic that you usually go to if the youngest child needs dental care ?
- a. Yes 1
  - b. More than one place 2
  - c. No 3
  - Don't know/Not sure 7
  - Refused 9

15. Does the youngest child have any kind of dental health coverage including insurance or prepaid plans such as HMOs, or government plans such as Medicare?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
16. Did anyone in this household get food stamps at any time during the last 12 months?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

If the respondent is male and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13.

17. Does the youngest child's father live in this household?

- |                                       |   |
|---------------------------------------|---|
| a. No                                 | 1 |
| b. Yes, Father                        | 2 |
| c. Yes, Stepfather or adoptive father | 3 |
| Don't know/Not sure                   | 7 |
| Refused                               | 9 |

If the respondent is female and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.

18. Does the youngest child's mother live in this household?

- |                                       |   |
|---------------------------------------|---|
| a. No                                 | 1 |
| b. Yes, Mother                        | 2 |
| c. Yes, Stepmother or adoptive mother | 3 |
| Don't know/Not sure                   | 7 |
| Refused                               | 9 |

**County-Added Module 4: Respiratory Conditions**

1. Have you ever been told by a doctor that you had any of the following conditions:

|                                     | Yes | No | DK | REF |
|-------------------------------------|-----|----|----|-----|
| a. Emphysema or Chronic Bronchitis? | 1   | 2  | 7  | 9   |
| b. Lung cancer?                     | 1   | 2  | 7  | 9   |
| c. Osteoporosis?                    | 1   | 2  | 7  | 9   |

2. During the past five years were you diagnosed with pneumonia ?

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

3. Do you currently have asthma ?

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

**County-added Module 5: Shift Work**

1. Do you work outside of the home ?
- |  |   |
|--|---|
| a. Yes                                       | 1 |
| b. No <b>Go to Next Module</b>               | 2 |
| Don't know/Not sure <b>Go to Next Module</b> | 7 |
| Refused <b>Go to Next Module</b>             | 9 |
2. Approximately what hour of the day do you usually get off work?
- |  |   |
|--|---|
| a. Morning (6:00 am - 11:59 am)                      | 1 |
| b. Afternoon (12:00 pm [Noon] - 5:59 pm)             | 2 |
| c. Evening (6:00 pm - 11:59 pm)                      | 3 |
| d. Night (12:00 am [Midnight] - 5:59 am)             | 4 |
| e. Rotating\Changing shifts                          | 5 |
| f. Do not work/Not employed <b>Go to Next Module</b> | 6 |
| Don't know/Not sure                                  | 7 |
| Refused  | 9 |
3. How many days during the past 30 days did you feel that the hours you worked caused problems with your family or home life ?
- |                       |     |
|-----------------------|-----|
| Enter number of days: | — — |
| None                  | 8 8 |
| Don't Know/Not sure   | 7 7 |
| Refused               | 9 9 |

4. How many days during the past 30 days did you feel that the hours you worked caused sleeping problems ?

|                       |     |
|-----------------------|-----|
| Enter number of days: | — — |
| None                  | 8 8 |
| Don't Know/Not sure   | 7 7 |
| Refused               | 9 9 |

5. Do you believe that the hours you work cause problems with your health?

|                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not Sure | 7 |
| Refused             | 9 |

**Module 21: Women's Health**

These next few questions deal with the women's health screenings I asked about earlier.

1. Have you ever done a self breast exam?
  - a. Yes 1
  - b. No **Go to Q. 4** 2
  - Don't know/Not Sure **Go to Q. 5** 7
  - Refused **Go to Q. 5** 9
  
2. How long as it been since you last did a self breast examination?
 

**Read only if necessary**

  - a. Within the past month 1
  - b. Within the past 3 months (1 to 3 months ago) 2
  - c. Within the past 6 months (3 to 6 months ago) 3
  - d. Within the past 12 months (6 to 12 months ago) 4
  - e. More than a year ago 5
  - Never **Go to Q. 4** 6
  - Don't Know/Not Sure 7
  - Refused 9

3. How did you learn to do a self breast examination?
- a. Doctor **Go to Q. 5** 1
  - b. Nurse **Go to Q. 5** 2
  - c. Other health care professional **Go to Q. 5** 3
  - d. Friend or Relative **Go to Q. 5** 4
  - e. Book, pamphlet, or video **Go to Q. 5** 5
  - f. No instruction **Go to Q. 5** 6
  - g. Other \_\_\_\_\_ **Go to Q. 5** 8
  - Don't Know/Not sure **Go to Q.5** 7
  - Refused **Go to Q. 5** 9
4. What is the main reason why you have never done a self breast examination?
- a. I don't know how to 1
  - b. Embarrassing 2
  - c. Hurts/Painful 3
  - d. Fear of finding a lump 4
  - e. I don't need to/Not necessary 5
  - f. No time/Too busy 6
  - g. Other \_\_\_\_\_ 8
  - Don't Know/Not Sure 7
  - Refused 9

If Q. 57 is "No" then go to Q. 5.  
 If Q. 57 is "Don't know" or "Refused" then go to Q. 7  
 If Q. 58 is coded 3, 4, or 5 then go to Q. 6  
 If Q. 58 is coded 1, 2, 7, or 9 then go to Q. 7.

5. What is the main reason why you have never had a pap smear test?
- |   |                     |            |     |
|---|---------------------|------------|-----|
| a. Doctor did not suggest it/No referral    | Go to Q. 7          | 0 1        |     |
| b. Don't need one/not necessary/no symptoms | Go to Q. 7          | 0 2        |     |
| c. Cost/No insurance/Can't afford           | Go to Q. 7          | 0 3        |     |
| d. Hurts/Painful                            | Go to Q. 7          | 0 4        |     |
| e. Don't Know Where to Go                   | Go to Q. 7          | 0 5        |     |
| f. No time/Too busy                         | Go to Q. 7          | 0 6        |     |
| g. Fear of what it might find               | Go to Q. 7          | 0 7        |     |
| h. Other _____                              | Go to Q. 7          | 0 8        |     |
| i. No reason                                | Go to Q. 7          | 0 9        |     |
|   | Don't know/Not sure | Go to Q. 7 | 7 7 |
|   | Refused             | Go to Q. 7 | 9 9 |

6. What is the main reason why you did not have a pap smear test during the past two years?
- |   |     |
|---|-----|
| a. Doctor did not suggest it/No referral        | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford               | 0 3 |
| d. Hurts/Painful                                | 0 4 |
| e. Don't Know Where to Go                       | 0 5 |
| f. No time/Too busy                             | 0 6 |
| g. Fear of what it might find                   | 0 7 |
| h. Other _____                                  | 0 8 |
| i. No reason                                    | 0 9 |
| Don't know/Not sure                             | 7 7 |
| Refused   | 9 9 |
7. Do you know at what age a woman should start having a mammogram every year?
- |                     |     |
|---------------------|-----|
| Age                 |     |
| Don't Know/Not Sure | 7 7 |
| Refused             | 9 9 |

If respondent is aged 18-39 then go to next module.

If respondent is aged 40 or older and Q. 51 is "No" then go to Q. 8

If respondent is aged 40 or older and Q. 52 is coded 3, 4, or 5 then go to Q. 9

If respondent is aged 40 or older and Q. 52 is coded 1, 2, 7, or 9 then go to Q. 10

8. What is the main reason why you have never had a mammogram?
- a. Doctor did not suggest it/No referral  
**Go to Next Module** 0 1
  - b. I did not need one/not necessary/no symptoms  
**Go to Next Module** 0 2
  - c. Cost/No insurance/Can't afford **Go to Next Module** 0 3
  - d. Hurts/Painful **Go to Next Module** 0 4
  - e. Don't Know Where to Go **Go to Next Module** 0 5
  - f. No time/Too busy **Go to Next Module** 0 6
  - g. Fear of what it might find **Go to Next Module** 0 7
  - h. Other \_\_\_\_\_ **Go to Next Module** 0 8
  - i. No reason **Go to Next Module** 0 9
- Don't know/Not sure **Go to Next Module** 7 7
- Refused **Go to Next Module** 9 9

9. What is the main reason why you did not have a mammogram during the past two years?
- |   |     |
|---|-----|
| a. Doctor did not suggest it/No referral        | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford               | 0 3 |
| d. Hurts/Painful                                | 0 4 |
| e. Don't Know Where to Go                       | 0 5 |
| f. No time/Too busy                             | 0 6 |
| g. Fear of what it might find                   | 0 7 |
| h. Other _____                                  | 0 8 |
| i. No reason                                    | 0 9 |
| Don't know/Not sure                             | 7 7 |
| Refused   | 9 9 |
10. Why did you decide to get your last mammogram?
- |   |   |
|---|---|
| a. Routine check-up                         | 1 |
| b. Doctor suggested it/Doctor's referral    | 2 |
| c. Family or friends suggested it           | 3 |
| d. Breast problem (pain, lump, discharge)   | 4 |
| e. Radio, television, or newspaper messages | 5 |
| f. Breast Cancer                            | 6 |
| g. Other _____                              | 8 |
| Don't Know/Not Sure                         | 7 |
| Refused                                     | 9 |

## Module 19: Hand Washing

The last few questions deal with hand washing.

1. To the following questions please answer very important, somewhat important, or not important. How important is it that a person wash their hands:

|                                 | VI | SI | NI | DK | REF |
|---------------------------------|----|----|----|----|-----|
| a. After using the toilet?      | 1  | 2  | 3  | 7  | 9   |
| b. After handling raw meat?     | 1  | 2  | 3  | 7  | 9   |
| c. After working outdoors?      | 1  | 2  | 3  | 7  | 9   |
| d. Before eating?               | 1  | 2  | 3  | 7  | 9   |
| e. After reading the newspaper? | 1  | 2  | 3  | 7  | 9   |
| f. Before preparing food?       | 1  | 2  | 3  | 7  | 9   |

2. After using the toilet, how often do you wash your hands with soap and water?

Would you say: **Please Read**

|                     |   |
|---------------------|---|
| a. Always           | 1 |
| b. Nearly Always    | 2 |
| c. Sometimes        | 3 |
| d. Seldom           | 4 |
| <b>or</b>           |   |
| e. Never            | 5 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

If the respondent has no children between the ages of 5 and 17 then  
Go to Q.4

3. After the oldest child in your household, between the ages of 5 and 17, uses the toilet, how often do they wash their hands with soap and water?

Would you say: **Please Read**

- |                     |   |
|---------------------|---|
| a. Always           | 1 |
| b. Nearly Always    | 2 |
| c. Sometimes        | 3 |
| d. Seldom           | 4 |
| <b>or</b>           |   |
| e. Never            | 5 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
4. Besides meals prepared for yourself and your family, do you prepare or handle food to be eaten by other persons on a regular basis?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
5. During the past three months, have you had diarrhea with at least three loose stools in a single day?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

**Module 8: Firearms**

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.
  - a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
  
2. Are any of the firearms handguns, such as pistols or revolvers?
  - a. Yes 1
  - b. No **Go to Q. 4** 2
  - Don't know/Not sure 7
  - Refused 9
  
3. Are any of the firearms long guns, such as rifles or shotguns?
  - a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

4. What is the main reason that there are firearms in or around your home?

Would you say for...

**Please Read**

- |                      |   |
|----------------------|---|
| a. Hunting or sport  | 1 |
| b. Protection        | 2 |
| c. Work              | 3 |
| <b>or</b>            |   |
| d. Some other reason | 4 |
| Don't know/Not sure  | 7 |
| Refused              | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked?

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

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

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

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
9. In the past three years, have you attended a firearm safety workshop, class, or clinic?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
10. Do any of the firearms kept in or around your home belong to you, personally?
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

**Module 3: Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic?

**Read Only if Necessary**

|   |   |
|---|---|
| a. Within the past year (1 to 12 months ago)<br><b>Go to Q. 3</b> | 1 |
| b. Within the past 2 years (1 to 2 years ago)                     | 2 |
| c. Within the past 5 years (2 to 5 years ago)                     | 3 |
| d. 5 or more years ago  | 4 |
| Don't know/Not sure <b>Go to Q. 3</b>                             | 7 |
| Never   | 8 |
| Refused <b>Go to Q. 3</b>   | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code — —

**Read only if necessary**

|  |     |
|--|-----|
| a. Fear, apprehension, nervousness, pain,<br>dislike going   | 0 1 |
| b. Cost  | 0 2 |
| c. Do not have/know a dentist  | 0 3 |
| d. Cannot get to the office/clinic (too far away,<br>no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth)   | 0 5 |
| f. Other priorities  | 0 6 |
| g. Have not thought of it  | 0 7 |
| h. Other   | 0 8 |
| Don't know/Not sure  | 7 7 |
| Refused  | 9 9 |

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
- |                          |   |
|--------------------------|---|
| a. 5 or fewer            | 1 |
| b. 6 or more but not all | 2 |
| c. All                   | 3 |
| d. None                  | 8 |
| Don't know/Not sure      | 7 |
| Refused                  | 9 |
4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?
- |   |   |
|---|---|
| a. Yes, fillings, caps or crowns, or root canal | 1 |
| b. Yes, teeth pulled, dentures or partials      | 2 |
| c. Yes, both                                    | 3 |
| d. No   | 4 |
| Don't Know/Not Sure                             | 7 |
| Refused   | 9 |
- If "Yes" probe for which services**

**Module 15: Passive Smoke**

1. Including yourself, how many persons in your household are current cigarette smokers?
  - a. Number of current smokers (**6 = 6 or more**)
  - b. None **Go to Q. 3** 8
  - Don't know/Not Sure **Go to Q. 3** 7
  - Refused **Go to Q. 3** 9
  
2. How many smoke inside the home?
  - a. Number of smokers who smoke inside (**6 = 6 or more**)
  - b. None 8
  - Don't know/Not Sure 7
  - Refused 9
  
3. Do you work outside the home?
  - a. Yes 1
  - b. No **Go to Q. 5** 2
  - Don't know/Not Sure **Go to Q. 5** 7
  - Refused **Go to Q. 5** 9
  
4. Which of the following best describes the policy about smoking at your work place?
  - a. No smoking allowed inside 1
  - b. Smoking restricted to a few designated areas 2
  - c. Smoking allowed in most places except where posted 3
  - d. No policy regarding smoking 4
  - Don't know/Not sure 7
  - Refused 9

**Module 28: Violence and Crime**

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

**Please Read**

- a. Very afraid .....1
- b. Somewhat afraid .....2
- c. A little afraid .....3
- or**
- d. Not afraid .....4
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

**Read Only if Necessary**

- a. Within the past week .....1
- b. Within the past month .....2
- c. Within the past year .....3
- d. One or more years ago .....4
- e. Never .....5
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes .....1
- b. No .....2
- DON'T KNOW/NOT SURE .....7
- REFUSED .....9

**Closing Statement**

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