

# KANSAS

2010

## Behavioral Risk Factor Surveillance System Questionnaire

September 29, 2010

*(CDC Draft: December 15, 2009 &  
ILI Changes September 28, 2010)*

### H1N1 Questions:

#### Asked January 1 and asked through March 31:

CDC Section 23: Adult Influenza Like Illness (ILI): 10 QUESTIONS

CDC Module 27: Child Influenza Like Illness (ILI): 2 QUESTIONS

#### Asked January 1 and asked through June 30:

CDC Module 28: Novel H1N1 Adult Immunization 3 QUESTIONS

CDC Module 10: High Risk/Health Care Worker 4 QUESTIONS

CDC Module 29: Novel H1N1 Child Immunization 6 QUESTIONS

CDC Module 25: Childhood Immunization 2 QUESTIONS

### Influenza Like Illness (ILI) Questions:

#### Asked October 1 and asked through December 31:

CDC Section 26: Adult Influenza Like Illness: 10 QUESTIONS

CDC Module 34: Child Influenza Like Illness: 2 QUESTIONS

**Kansas  
Behavioral Risk Factor Surveillance System  
2010 Draft Questionnaire**

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## Interviewer's Script

HELLO, I am calling for the Kansas Department of Health and Environment. My name is **(name)**. We are gathering information about the health of Kansas' residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this **(phone number)** ? *(CTELENUM)*

**If "no,"**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence in **Kansas**? *(PVTRESID)*

**If "no,"**

Thank you very much, but we are only interviewing private residences in Kansas. **STOP**

Is this a cellular telephone? *(CELLFON)*

**[Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."]**

**If "yes,"**

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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

\_\_\_ Number of adults *(NUMADULT)*

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

\_\_\_ Number of men (NUMMEN)

\_\_\_ Number of women (NUMWOMEN)

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," go to page 6**

**To the correct respondent:**

HELLO, I am calling for the Kansas Department of Health and Environment. My name is **(name)**. We are gathering information about the health of Kansas' residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

## Core Sections

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.

### Section 1: Health Status

---

1.1 Would you say that in general your health is— (GENHLTH)

**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? (*PHYSHLTH*)

-- Number of days

88 None

77 Don't know / Not sure

99 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? (*MENTHLTH*)

-- Number of days

88 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**

77 Don't know / Not sure

99 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (*POORHLTH*)

-- Number of days

88 None

77 Don't know / Not sure

99 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? (*HLTHPLAN*)

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?  
*(PERSDOC2)*

**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?  
*(MEDCOST)*

- 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.  
*(CHECKUP1)*

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
  
- 7 Don’t know / Not sure
- 8 Never
- 9 Refused

## Section 4: Sleep

---

The next question is about getting enough rest or sleep.

**4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?  
*(QLREST2)*

- Number of days
  
- 88 None
  
- 77 Don’t know / Not sure
- 99 Refused

## Section 5: Exercise

---

- 5.1 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? *(EXERANY2)*

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

## Section 6: Diabetes

---

- 6.1 Have you ever been told by a doctor that you have diabetes? *(DIABETE2)*

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

**If respondent says pre-diabetes or borderline diabetes, use response code 4.**

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

## Section 7: Oral Health

---

- 7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. *(LASTDEN3)*

**Read only if necessary:**

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

**Do not read:**

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

**7.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. **(RMVTETH3)**

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

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

**CATI NOTE: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

**7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? **(DENCLEAN)**

**Read only if necessary:**

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

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 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? **(CVDINFR4)**

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

**8.2** (Ever told) you had angina or coronary heart disease? (CVDCRHD4)

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

**8.3** (Ever told) you had a stroke? (CVDSTRK3)

- 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? (ASTHMA2)

- 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? (ASTHNOW)

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

## Section 10: Disability

---

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

**10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? *(QLACTLM2)*

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

**10.2** 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? *(USEEQUIP)*

**NOTE: Include occasional use or use in certain circumstances.**

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

## Section 11: Tobacco Use

---

**11.1** Have you smoked at least 100 cigarettes in your entire life? *(SMOKE100)*

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No **[Go to Q11.5]**
  
- 7 Don't know / Not sure **[Go to Q11.5]**
- 9 Refused **[Go to Q11.5]**

**11.2** Do you now smoke cigarettes every day, some days, or not at all? *(SMOKDAY2)*

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to Q11.4]**
  
- 7 Don't know / Not sure **[Go to Q11.5]**
- 9 Refused **[Go to Q11.5]**

**11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? *(STOPSMK2)*

- 1 Yes [Go to Q11.5]
- 2 No [Go to Q11.5]
  
- 7 Don't know / Not sure [Go to Q11.5]
- 9 Refused [Go to Q11.5]

**CATI NOTE: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.**

**11.4** How long has it been since you last smoked cigarettes regularly? *(LASTSMK1)*

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
  
- 77 Don't know / Not sure
- 99 Refused

**11.5** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? *(USENOW3)*

**Snus (rhythms with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read:**

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

## Section 12: Demographics

---

**12.1** What is your age? (AGE)

- -- Code age in years
- 07 Don't know / Not sure
- 09 Refused

**12.2** Are you Hispanic or Latino? (HISPANC2)

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

**12.3** Which one or more of the following would you say is your race? (MRACE)

**(Check all that apply)**

**Please read:**

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

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

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

**CATI NOTE: If more than one response to Q12.3; continue. Otherwise, go to Q12.5.**

12.4 Which one of these groups would you say best represents your race? (ORACE2)

- 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] \_\_\_\_\_

**Do not read:**

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

12.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (VETERAN2)

**If "Yes", please read:**

- 1 Yes, now on active duty
- 2 Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12 months

**If "No", please read:**

- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

**Do not read:**

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

12.6 Are you...? (MARITAL)

**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

**12.7** How many children less than 18 years of age live in your household? (*CHILDREN*)

-- Number of children

88 None

99 Refused

**12.8** What is the highest grade or year of school you completed? (*EDUCA*)

**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

**12.9** Are you currently...? (*EMPLOY*)

**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

**12.10** Is your annual household income from all sources—

(*INCOME2*)

**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:**

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

### **State-Added Module 1: Average Hours Worked**

**CATI NOTE: If Q12.9 = 1 (employed), 2 (self-employed), 5 (student), 6 (retired), or 7 (homemaker); continue. Otherwise, go to Q12.11.**

**1.** Previously, you indicated you were (a) [insert text response from core 12.9]. On average, how many hours per week, if any, do you work at a job or business? (*AVGHRS*)

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

12.11 About how much do you weigh without shoes? (WEIGHT2)

Note: If respondent answers in metrics, put "9" in column 122.

Round fractions up

----- Weight (*pounds/kilograms*)  
7777 Don't know / Not sure  
9999 Refused

12.12 About how tall are you without shoes? (HEIGHT3)

Note: If respondent answers in metrics, put "9" in column 126.

Round fractions down

\_\_ / \_\_ Height (*ft / inches/meters/centimeters*)  
77/77 Don't know / Not sure  
99/99 Refused

12.13 What county do you live in? (CTYCODE)

\_\_\_ FIPS county code  
777 Don't know / Not sure  
999 Refused

12.14 What is your ZIP Code where you live? (ZIPCODE)

----- ZIP Code  
77777 Don't know / Not sure  
99999 Refused

12.15 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. (NUMHHOL2)

1 Yes  
2 No [Go to Q12.17]  
7 Don't know / Not sure [Go to Q12.17]  
9 Refused [Go to Q12.17]

**12.16** How many of these telephone numbers are residential numbers? (NUMPHON2)

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

**12.17** During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters. (TELSERV3)

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

**[CELL PHONE QUESTIONS]**

**12.18a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (CPDEMO1)

- 1 Yes [**Go to Q12.18c**]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**12.18b** Do you share a cell phone for personal use (at least one-third of the time) with other adults? (CPDEMO2)

- 1 Yes [**Go to Q12.18d**]
- 2 No [**Go to Q12.19**]
- 7 Don't know / Not sure [**Go to Q12.19**]
- 9 Refused [**Go to Q12.19**]

**12.18c** Do you usually share this cell phone (at least one-third of the time) with any other adults? (CPDEMO3)

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

**12.18d** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (CPDEMO4)

-- Enter percent (1 to 100)

888 Zero

777 Don't know / Not sure

999 Refused

**12.19** Indicate sex of respondent. Ask only if necessary. (SEX)

1 Male [Go to next section]

2 Female [If respondent is 45 years old or older, go to next section]

**12.20** To your knowledge, are you now pregnant? (PREGNANT)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

### Section 13: Alcohol Consumption

---

**13.1** 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? (DRNKANY4)

1 Yes

2 No [Go to next section]

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

9 Refused [Go to next section]

**13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (ALCDAY4)

1 \_ \_ Days per week

2 \_ \_ Days in past 30 days

888 No drinks in past 30 days [Go to next section]

777 Don't know / Not sure

999 Refused

**13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? *(AVEDRNK2)*

**Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

-- Number of drinks  
77 Don't know / Not sure  
99 Refused

**13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? *(DRNK3GE5)*

-- Number of times  
88 None  
77 Don't know / Not sure  
99 Refused

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion? *(MAXDRNKS)*

-- Number of drinks  
77 Don't know / Not sure  
99 Refused

## Module 28: Novel H1N1 Adult Immunization

**[Asked Jan - June]**

---

There are currently vaccines available for two kinds of flu – the seasonal flu and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

- 28.1** There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(H1N1AV01)

**[Interviewer Note: If asked why asking about H1N1 vaccinations when not available please say: “The distribution of the H1N1 Vaccines has already started. We are trying to find out if vaccinations are currently taking place in Kansas.”**

- 1. Yes
- 2. No [Go to Q14.1]
  
- 7. Don't know / Not sure [Go to Q14.1]
- 9. Refused [Go to Q14.1]

- 28.2** During what month did you receive your H1N1 flu vaccine?

(H1N1AV02)

\_\_ Month

77 Don't know/Not sure

99 Refused

**CATI Note: If 28.2\_Month = 7, 8, 9, 10, 11, 12, then 28.2\_Year = 2009.**

**If 28.2\_Month = 1, 2, 3, 4, 5, 6, then 28.2\_Year = 2010.**

**Interviewer verify response: ‘That is [FILL IN MONTH] OF [FILL IN YEAR], correct?’**

- 28.3.** Was this a shot or was it a vaccine sprayed in the nose?

(H1N1AV03)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
  
- 7. Don't know / Not sure
- 9. Refused

## Section 14: Immunization

[Changes were made to the wording of these questions in October, 2009 to differentiate between the H1N1 flu and the seasonal flu.]

---

- 14.1. Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot? *(FLUSHOT4)*

- 1. Yes
- 2. No [Go to Q14.3]
  
- 7. Don't know / Not sure [Go to Q14.3]
- 9. Refused [Go to Q14.3]

- 14.2. During what month and year did you receive your most recent seasonal flu shot? *(FLSHTMY1)*

- \_\_ / \_\_\_\_ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

- 14.3. The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose? *(FLUSPRY3)*

- 1. Yes
- 2. No [Go to Q14.5]
  
- 7. Don't know / Not sure [Go to Q14.5]
- 9. Refused [Go to Q14.5]

- 14.4. During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose? *(FLSPRMY1)*

- \_\_ / \_\_\_\_ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

- 14.5. 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? *(PNEUVAC3)*

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

## Section 15: Falls

---

**If respondent is 45 years or older continue, otherwise go to next section.**

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

**15.1** In the past 3 months, how many times have you fallen? *(FALL3MN2)*

- \_ \_ Number of times **[76 = 76 or more]**
- 88 None **[Go to next section]**
- 77 Don't know / Not sure **[Go to next section]**
- 99 Refused **[Go to next section]**

**15.2** [If Q15.1 = 1 then ask: "Did this fall cause an injury?"]

[If Q15.1 > 1 then ask: "How many of these falls caused an injury?"]

By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. *(FALLINJ2)*

*[IF Q15.1 = 1 and response is "Yes" (caused an injury); code 01. Otherwise, if response is "No," code 88.]*

- \_ \_ Number of falls **[76 = 76 or more]**
- 88 None
- 77 Don't know / Not sure
- 99 Refused

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say\_\_\_  
(SEATBELT)

**Please read:**

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

**Do not read:**

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

**CATI NOTE: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.**

## Section 17: Drinking and Driving

---

**CATI NOTE: If Q13.1 = 2 (No); go to next section.**

The next question is about drinking and driving.

**17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (DRNKDRI2)

- Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

## Section 18: Women's Health

---

**CATI NOTE: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

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

- 1 Yes
- 2 No **[Go to Q18.3]**
- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**

**18.2** How long has it been since you had your last mammogram? **(HOWLONG)**

**Read only if necessary:**

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

**Do not read:**

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

**18.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? **(PROFEXAM)**

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

18.4 How long has it been since your last breast exam? (LENGEXAM)

**Read only if necessary:**

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

**Do not read:**

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (HADPAP2)

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

18.6 How long has it been since you had your last Pap test? (LASTPAP2)

**Read only if necessary:**

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

**Do not read:**

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

**CATI NOTE: If response to Core Q12.20 = 1 (is pregnant); then go to next section.**

18.7 Have you had a hysterectomy? (HADHYST2)

**Read only if necessary:** "A hysterectomy is an operation to remove the uterus (womb)."

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

## Section 19: Prostate Cancer Screening

---

**CATI NOTE: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

Now, I will ask you some questions about prostate cancer screening.

**19.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? *(PSATEST)*

- 1 Yes
- 2 No **[Go to Q19.3]**
- 7 Don't Know / Not sure **[Go to Q19.3]**
- 9 Refused **[Go to Q19.3]**

**19.2** How long has it been since you had your last PSA test? *(PSATIME)*

**Read only if necessary:**

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

**Do not read:**

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

**19.3** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? *(DIGRECEX)*

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

**19.4** How long has it been since your last digital rectal exam? *(DRETIME)*

**Read only if necessary:**

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

**Do not read:**

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

**19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? *(PROSTATE)*

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

## **Section 20: Colorectal Cancer Screening**

---

**CATI NOTE: If respondent is  $\leq 49$  years of age, go to next section.**

The next questions are about colorectal cancer screening.

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

- 1 Yes
- 2 No **[Go to Q20.3]**
  
- 7 Don't know / Not sure **[Go to Q20.3]**
- 9 Refused **[Go to Q20.3]**

**20.2** How long has it been since you had your last blood stool test using a home kit? *(LSTBLD3)*

**Read only if necessary:**

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

**Do not read:**

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

**20.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? *(HADSIGM3)*

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

**20.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for Problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? *(HADSGCO1)*

- 1 Sigmoidoscopy
- 2 Colonoscopy
  
- 7 Don't know / Not sure
- 9 Refused

**20.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? (*LASTSIG3*)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

**Section 21: HIV/AIDS**

---

**CATI NOTE: If respondent is 65 years old or older, go to next section.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**21.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (*HIVTST5*)

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don't know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

**21.2** Not including blood donations, in what month and year was your last HIV test? (*HIVTSTD2*)

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

**CATI NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

\_\_ / \_\_\_\_ Code month and year

- 77/ 7777 Don't know / Not sure
- 99/ 9999 Refused

**21.3** 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 a drug treatment facility, at home, or somewhere else? **(WHRTST8)**

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
  
- 77 Don't know / Not sure
- 99 Refused

**CATI NOTE: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.**

**21.4** Was it a rapid test where you could get your results within a couple of hours?**(HIVRDTST)**

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

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

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

Do any of these situations apply to you? **(HIVRISK2)**

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

## Section 22: Emotional Support and Life Satisfaction

---

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

**22.1** How often do you get the social and emotional support you need? *(EMTSUPRT)*

**NOTE: If asked, say “please include support from any source.”**

**Please read:**

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

**Do not read:**

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

**22.2** In general, how satisfied are you with your life? *(LSATISFY)*

**Please read:**

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

**Do not read:**

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

## Section 23: ILI - Influenza Like Illness

**[Asked Jan - Mar]**

---

We would like to ask you some questions about recent respiratory illnesses.

**23.1** During the past month, were you ill with a fever? *(HINIAQ01)*

- 1 Yes
- 2 No **[Go to Q23.8]**
- 7 Don't know / Not sure **[Go to Q23.8]**
- 9 Refused **[Go to Q23.8]**

**23.2** Did you also have a cough and/or sore throat? (HINIAQ02)

- 1 Yes
- 2 No [Go to Q23.8]
- 7 Don't know / Not sure [Go to Q23.8]
- 9 Refused [Go to Q23.8]

**23.3** When did you first become ill with fever, cough or sore throat? (HINIAQ03)

**[Interviewer Note: Choose the most specific answer]**

**Please read:**

- 1 Within the past week [Interviewer, if asked: past 1-7 days]
- 2 2 weeks ago [Interviewer, if asked: past 8-14 days]
- 3 3-4 weeks ago [Interviewer, if asked: past 15-30 days before today]

**Don't read:**

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

**23.4** Did you visit a doctor, nurse, or other health professional for this illness? (HINIAQ04)

- 1 Yes
- 2 No [Go to Q23.8]
- 7 Don't know / Not sure [Go to Q23.8]
- 9 Refused [Go to Q23.8]

**23.5** What did the doctor, nurse, or other health professional tell you? Did they say... (HINIAQ05)

**Please read:**

- 1 You had regular influenza or the flu
- 2 You had swine flu, also known as H1N1 or novel H1N1
- 3 You had some other illness, but not the flu

**Don't read:**

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

**23.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (HINIAQ06)

**Please read:**

- 1 Yes, had flu test and it was positive
- 2 No, had flu test but it was negative
- 3 No, flu test was not done

**Don't read:**

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

**23.7** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (HINIAQ07)

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

**CATI NOTE: Apply prior to asking 26.08:**

**If household has one adult (NumAdult = 1), no children (Children = 88) and Adult has NOT been ill (Q23.1 = 2,7, 9 or Q23.2 = 2,7, 9); then go to next section.**

**If household has one adult (NumAdult = 1), no children (Children = 88) and Adult HAS been ill (Q23.1 = 1 and Q23.2 = 1); then go to Q23.10.**

**23.8** Did any other members of your household have a fever with cough or sore throat during the past month? (HINIAQ08)

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

**CATI Note: If Q23.8 = 2, Q23.1 = 1 (Yes) and Q23.2 = 1 (Yes); go to Q23.10. Otherwise if Q23.8 = 2; go to next section.**

**23.9** How many household members [CATI Note: If Q23.1 = 1 (Yes) and Q23.2 = 1 (Yes) the insert “, including you,”.] were ill during the past month? (HINIAQ09)

— — # persons

88 None

77 Don't know/Not Sure

99 Refused

**CATI NOTE: If (Q23.1 = 1(Yes) and Q23.2 = 1 (Yes)) or Q23.8 = 1 (Yes); continue to Q23.10. Otherwise, skip to next section.**

**23.10** How many people in your household, including you, were hospitalized for flu during the past month? (HINIAQ10)

**NOTE: If needed, ‘Hospitalized means admitted to a hospital to receive medical treatment.’**

— — # persons

88 None

77 Don't know/Not Sure

99 Refused

## Section 26: ILI - Influenza Like Illness

**[Asked Oct - Dec]**

---

We would like to ask you some questions about recent respiratory illnesses.

**26.1** Last month (i.e. [CATI NOTE: insert previous months name] ), were you ill with a fever? (FLSYAQ01)

1 Yes

2 No [Go to 26.8]

7 Don't know / Not sure [Go to 26.8]

9 Refused [Go to 26.8]

26.2 Did you also have a cough and/or sore throat? (FLSYAQ02)

- 1 Yes
- 2 No [Go to 26.8]
- 7 Don't know / Not sure [Go to 26.8]
- 9 Refused [Go to 26.8]

26.3 Did you visit a doctor, nurse, or other health professional for this illness? (FLSYAQ03)

- 1 Yes
- 2 No [Go to 26.8]
- 7 Don't know / Not sure [Go to 26.8]
- 9 Refused [Go to 26.8]

26.4 When did you visit the doctor, nurse, or other health professional for this illness?  
Would you say.... (FLSYAQ04)

**Please read:**

- 1 Within two days of getting ill
- 2 Within three to 7 days of getting ill
- 3 More than 7 days of getting ill

**Don't read:**

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

26.5 What did the doctor, nurse, or other health professional tell you? Did they say... (FLSYAQ05)

**Interviewer Note: If respondent says they had either H1N1 or seasonal influenza, please code as "1 = You had influenza or the flu".**

**Please read:**

- 1 You had influenza or the flu
- 2 You had some other illness, but not the flu

**Don't read:**

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

**26.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... (FLSYAQ06)

**Interviewer Note: If respondent says they had either a positive H1N1 or seasonal influenza test result, please code as “1 = Had flu test and it was positive”.**

**Please read:**

- 1 Had flu test and it was positive
- 2 Had flu test and it was negative
- 3 Did not have flu test

**Don't read:**

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

**26.7** Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicine called Relenza® or zanamivir [za NA mi veer] to treat this illness? (FLSYAQ07)

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

**CATI NOTE: Apply prior to asking 26.08:**

**If household has one adult (NumAdult = 1), no children (Children = 88) and Adult has NOT been ill (26.1 = 2, 7, 9 or 26.2 = 2, 7, 9); then go to next section.**

**If household has one adult (NumAdult = 1), no children (Children = 88) and Adult HAS been ill (26.1 = 1 and 26.2 = 1); then go to 26.10.**

**26.8** Did any other members of your household have a fever with cough or sore throat last month (i.e. [CATI NOTE: insert previous month's name] )? (FLSYAQ08)

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

**CATI NOTE: If 26.8 = 2, 26.1 = 1 (Yes) and 26.2 = 1 (Yes); go to 26.10. Otherwise if 26.8 = 2; go to next section.**

**26.9** How many household members [CATI NOTE: If 26.1 = 1 (Yes) and 26.2 = 1 (Yes) then insert “, including you,”.] were ill last month (i.e. [CATI NOTE: insert previous month’s name] )? (FLSYAQ09)

\_\_ \_\_ # persons

88 None

77 Don't know/Not Sure

99 Refused

**CATI NOTE: If (26.1 = 1(Yes) and 26.2 = 1 (Yes)) or 26.8 = 1 (Yes); continue to 26.10. Otherwise, skip to next section.**

**26.10** How many people in your household, including you, were hospitalized for flu last month (i.e. [CATI NOTE: insert previous month’s name] )? (FLSYAQ10)

**NOTE: If needed, ‘Hospitalized means admitted to a hospital to receive medical treatment.’**

\_\_ \_\_ # persons

88 None

77 Don't know/Not Sure

99 Refused

**NOTE: The following CDC Optional Modules and State-Added Modules will be asked of every respondent.**

**CDC Module 10: High Risk/Health Care Worker**  
**[Asked Jan - Jun]**

---

The next few questions ask about health care work and chronic illness.

**M10.1** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time or unpaid work in a health care facility as well as professional nursing care provided in the home. **(WRKHCF1)**

**NOTE: If necessary say:** "This includes non-health care professionals, such as administrative staff, who work in a health-care facility."

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

**M10.2** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. **(DIRCONTI)**

- 1 Yes
- 2 No
  
- 7 Don't know / Not sure **[Probe by repeating question]**
- 9 Refused

**M10.3** Has a doctor, nurse, or other health professional ever said that you have... (*DRHPAD1*)

**Read all items listed below before waiting for an answer:**

- Lung problems, other than asthma
- Kidney problems
- Anemia, including Sickle Cell

**Or**

- A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[See Attached Health Problems List, if necessary]**

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

**M10.4** Do you still have (this/any of these) problem(s)? (*HAVHPAD*)

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

## **CDC Module 23: Random Child Selection**

---

**CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q12.7 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

**If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.”

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.**

**INTERVIEWER PLEASE READ:**

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

**M23.1** What is the birth month and year of the “Xth” child? (RCSBIRTH)

-- / ---- Code month and year

77/ 7777 Don't know / Not sure

99/ 9999 Refused

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

**M23.2** Is the child a boy or a girl? (RCSGENDR)

1 Boy

2 Girl

9 Refused

**M23.3** Is the child Hispanic or Latino? (RCHISLAT)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

**M23.4** Which one or more of the following would you say is the race of the child? (*RCSRACE*)

**[Check all that apply]**

**Please read:**

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

**Or**

6. Other [specify] \_\_\_\_\_

**Do not read:**

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

**CATI NOTE: If more than one response to M23.4; continue. Otherwise, go to M23.6.**

**M23.5** Which one of these groups would you say best represents the child's race? (*RCSBRACE*)

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

**M23.6** How are you related to the child? (*RCSRLTN2*)

**Please read:**

1. Parent (include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling (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 27: Childhood ILI - Influenza Like Illness**  
**[Asked Jan - Mar]**

---

**CATI NOTE:** If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused); go to next module.

The next questions are about the “Xth” child.

**M27.1** Has the child had a fever with cough and/or sore throat during the past month?  
(*HINICQ01*)

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

**M27.2** Did the child visit a doctor, nurse, or other health professional for this illness?  
(*HINICQ02*)

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

**CDC Module 34: Childhood ILI - Influenza Like Illness**  
**[Asked Oct - Dec]**

---

**CATI NOTE:** If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused); go to next module.

The next questions are about the “Xth” child.

**M34.1.** Last month (i.e. [**CATI NOTE: insert previous month's name**] ), did the child have a fever with cough and/or sore throat?  
(*FLSYCQ01*)

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

- M34.2.** Did the child visit a doctor, nurse, or other health professional for this illness?  
(FLSYCQ02)
- |   |                     |                     |
|---|---------------------|---------------------|
| 1 | Yes                 |                     |
| 2 | No                  | [Go to next module] |
| 7 | Don't know/Not sure | [Go to next module] |
| 9 | Refused             | [Go to next module] |

## **CDC Module 29: Novel H1N1 Childhood Immunization**

**[Asked Jan - Jun]**

---

**CATI NOTE: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**CATI NOTE: If selected child's age (chldage2) is greater than or equal to 6 months; continue. Otherwise, go to next module.**

The next questions are about this child's immunization.

I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

**M29.1** Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

(HINICV01)

**NOTE: If asked why asking about H1N1 vaccinations when not available please say:**  
"The distribution of the H1N1 Vaccines has already started. We are trying to find out if vaccinations are currently taking place in Kansas."

- |   |                       |               |
|---|-----------------------|---------------|
| 1 | Yes                   |               |
| 2 | No                    | [Go to M25.1] |
| 7 | Don't know / Not sure | [Go to M25.1] |
| 9 | Refused               | [Go to M25.1] |

**CATI NOTE: If selected child's age (chldage2) is 10 years or older, go to M29.3. Otherwise; continue.**

**M29.2** Since September, 2009, how many of these H1N1 vaccinations has [Fill: he/she] received? (HINICV02)

1. One vaccination or dose
2. Two or more vaccination or doses
  
7. Don't know / Not sure [Go to M25.1]
9. Refused [Go to M25.1]

**M29.3.** During what month did [Fill: he/she] receive [Fill: his/her] (HINICV03)

**CATI NOTE:**

**If selected child's age (chldage2) is < 10 years old, ask "first H1N1 flu vaccine?"  
Otherwise, ask "H1N1 flu vaccine?"**

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

**CATI NOTE: If M29.3\_Month = 7, 8, 9, 10, 11, 12, then M29.3\_Year = 2009.  
Else, if M29.3\_Month = 1, 2, 3, 4, 5, 6, then M29.3\_Year = 2010.**

**Interviewer verify response: 'That is [FILL IN MONTH] OF [FILL IN YEAR], correct?**

**M29.4.** Was this a shot or was it a vaccine sprayed in the nose? (HINICV04)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
  
7. Don't know / Not sure
9. Refused

**CATI NOTE: If selected child's age (chldage2) is 10 years or older, go to next module.  
If M29.2 = 2, then ask M29.5, otherwise go to next module.**

**M29.5.** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (HINICV05)

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

**CATI NOTE: If M29.3\_Month = 7, 8, 9, 10, 11, 12, then M29.3\_Year = 2009.  
Else, if M29.3\_Month = 1, 2, 3, 4, 5, 6, then M29.3\_Year = 2010.**

**If Date M29.5 (M29.5\_Month, M05.5\_Year) is before Date M29.3 (M29.3\_Month, M05.3\_Year), interviewer verify Dates.**

**Interviewer verify response: ‘That is [FILL IN MONTH] OF [FILL IN YEAR], correct?’**

**M29.6. Was this a shot or was it a vaccine sprayed in the nose? (HINICV06)**

- 1 Flu shot
- 2 Flu Nasal Spray (spray, mist or drop in the nose)
  
- 7 Don’t know / Not sure
- 9 Refused

## **CDC Module 25: Childhood Immunization**

**[Asked in Jan – June]**

***This will be asked in Jan-Jun with the H1N1 Vaccination Questions at the request of CDC.***

---

**CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**CATI note: If selected child’s age is  $\geq$  6 months, continue. Otherwise, go to next module.**

**M25.1** Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? (FLUSHCH2)

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

**M25.2** The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination? (RCVFCVCH4)

\_\_ / \_\_\_\_ Month / Year

- 77/ 7777 Don’t know / Not sure
- 99/ 9999 Refused

## CDC Module 24: Childhood Asthma Prevalence

---

**CATI NOTE:** If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

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

**M24.1** Has a doctor, nurse or other health professional EVER said that the child has asthma? (CASTHDX2)

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

**M24.2** Does the child still have asthma? (CASTHNO2)

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

## State-Added Module 2: Asthma Call Back Survey Information

---

**CATI note:** If Q9.1 = ‘yes’ or Childhood Asthma Prevalence CDC Module Q24.1 = ‘Yes’ and Random Child Selection CDC Module Q23.6 = “Parent” (1) or “Foster parent or guardian” (3) then continue. Otherwise, go to next module.

**IF ADULT (AdltChld = 1) WAS SELECTED TO PARTICIPATE IN ASTHMA CALLBACK SURVEY, CONTINUE. ELSE, CHILD (AdltChld=2) WAS SELECTED SKIP TO Q3.**

### **READ:**

We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop programs and improve the quality of life of Kansans with asthma. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

1 Would it be all right if we call back at a later time to ask additional questions about your asthma? (CALLBACK)

- 1 Yes
- 2 No

[Go to next module]

2 Can I please have your first name, initials or nickname so we know who to refer to when we call back?

\_\_\_\_\_ Enter first name, initials or nickname [Go to next module]

3 We would like to call again within the next 2 weeks to talk in more detail about your child's experiences with asthma. The information will be used to help develop and improve the quality of life of Kansans with asthma.

Would it be all right if we call back at a later time to ask additional questions about your child's asthma? (CALLBACK)

- 1 Yes
- 2 No

[Go to next module]

4 Can I please have your first name, initials or nickname so we know who to ask for when we call back?

\_\_\_\_\_ Enter respondent's first name, initials or nickname

5 Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the {child age} year old child which is the {randomly selected child} child.

**CATI NOTE: If more than one child, show child age {child age} and which child was selected (randomly selected child) from child selection module.**

\_\_\_\_\_ Enter child's first name, initials or nickname

6 Are you the parent or guardian in the household who knows the most about {child's name}'s asthma? (MOSTKNOW)

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

[CATI Note: Set MKPName = FName]

**READ:**

The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

7 May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? **(PERMISS)**

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

8 What is a good time to call you back? For example, evenings, days, weekends?

\_\_\_\_\_ Enter day/time **[Go to next module]**

9 You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child? (OTHName)

\_\_\_\_\_ Enter Alternate's first name, initials or nickname

**[CATI NOTE: Set MKPName = OTHName]**

**READ:**

The information you gave us today and that {OTHName} will give us when we call back will be kept confidential. We will keep their name and phone number, your child's name on file, separate from the answers collected today. Even though you agreed today, {OTHName} may refuse to participate in the future.

Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

**10** May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? *(PERMISS)*

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

**[CATI NOTE: If OTHName is blank, set MKPName = FName. Otherwise, MKPName = OTHName.]**

**11** When would be a good time to call back and speak with {OTHName}? For example, evenings, days, weekends? (CBTIME)

\_\_\_\_\_ Enter day/time

**NOTE: Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.**

## **PART A**

### **CDC Module 1: Pre-Diabetes**

---

**CATI NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).**

- M01.1** Have you had a test for high blood sugar or diabetes within the past three years? *(PDIABTST)*
- 1 Yes
  - 2 No
  
  - 7 Don't know / Not sure
  - 9 Refused

**CATI NOTE: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

- M01.2** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? *(PREDIAB1)*

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 Don't know / Not sure
- 9 Refused

### **CDC Module 2: Diabetes**

---

**CATI NOTE: To be asked following Core Q6.1; if response is "Yes" (code = 1)**

- M02.1** How old were you when you were told you have diabetes? *(DIABAGE2)*
- Code age in years [97 = 97 and older]
  
  - 98 Don't know / Not sure
  - 99 Refused

**M02.2** Are you now taking insulin? *(INSULIN)*

- 1 Yes
- 2 No
  
- 9 Refused

**M02.3** 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. *(BLDSUGAR)*

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
  
- 888 Never
  
- 777 Don't know / Not sure
- 999 Refused

**M02.4** 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. *(FEETCHK2)*

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
  
- 555 No feet
  
- 888 Never
  
- 777 Don't know / Not sure
- 999 Refused

**M02.5** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? *(DOCTDIAB)*

- \_ \_ Number of times [**76 = 76 or more**]
  
- 88 None
  
- 77 Don't know / Not sure
- 99 Refused

**M02.6** 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"? *(CHKHEM03)*

- \_ \_ Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know / Not sure
- 99 Refused

**CATI NOTE: If M02.4 = 555 (No feet), go to M02.8.**

**M02.7** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? *(FEETCHK)*

- \_ \_ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**M02.8** 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. *(EYEEEXAM)*

**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

**Do not read:**

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

**M02.9** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? *(DIABEYE)*

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

**M02.10** Have you ever taken a course or class in how to manage your diabetes yourself? *(DIABEDU)*

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

### **State-Added Module 3: Diabetes Assessment**

---

**1** Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related only by marriage. *(FAMDIAB, FAMDIAB1-FAMDIAB5)*

**[Mark all that apply]:**

**Please read:**

- 1 Mother
- 2 Father
- 3 Brothers **[Interviewer note: include half brother]**
- 4 Sisters **[Interviewer note: include half sister]**
- 5 No one

**Do not read:**

- 7 Do not know/ Not sure
- 9 Refused

**CATI NOTE: If respondent is female, continue; otherwise, go to next module.**

**2** Have you had a baby weighing more than 9 pounds at birth? *(BABYWGT9)*

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

## State-Added Module 4: Heart Attack and Stroke

---

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

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

- 1** (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) *(HASYMP1)*

  - 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?) *(HASYMP2)*

  - 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?) *(HASYMP3)*

  - 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?) *(HASYMP4)*

  - 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?) *(HASYMP5)*
- 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?) *(HASYMP6)*
- 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?) *(STRSYMP1)*
- 1 Yes
  - 2 No
  
  - 7 Don't know / Not sure
  - 9 Refused

- 8** (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) *(STRSYMP2)*
- 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?) *(STRSYMP3)*
- 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?) *(STRSYMP4)*

- 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?) *(STRSYMP5)*

- 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?) *(STRSYMP6)*

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

**13** If you thought someone was having a heart attack or a stroke, what is the first thing you would do? Take them to the hospital, tell them to call their doctor, call 911, call their spouse or a family member, or do something else? *(FIRSTAID)*

**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 5: Tobacco Indicators

---

Now, I would like to ask you questions about tobacco related topics.

- 1 How much additional tax on a pack of cigarettes would you be willing to support? (CIGTAX)

**Please read:**

- 1 More than two dollars a pack
- 2 Two dollars a pack
- 3 One dollar a pack
- 4 Fifty to ninety-nine cents a pack
- 5 Less than fifty cents a pack
- 6 No tax increase

**Do not read:**

- 7 Don't know / Not sure
- 8 "Don't care" (or similar comment, different from Don't know/Not sure)
- 9 Refuse

- 2 Would you support or oppose increasing the tax on smokeless tobacco? Smokeless tobacco products include chewing tobacco, snuff and snus (snus rhymes with goose). (SMKLSTAX)

**NOTE:** Snus (Swedish for snuff) is moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.

- 1 Support
- 2 Oppose
  
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE:** If Q1 = 6 "No tax increase" & Q2 = 2 "Oppose", go to Q4. Otherwise, continue.

- 3 If the increased taxes from cigarettes and smokeless tobacco products are NOT used to support programs designed to reduce tobacco use or help people quit smoking, would you strongly support, somewhat support, are neutral, somewhat oppose or strongly oppose the increase in taxes on cigarettes or smokeless tobacco products? *(TOBPRGTX)*

**Please read:**

- 1 Strongly support
- 2 Somewhat support
- 3 Are neutral
- 4 Somewhat oppose
- 5 Strongly oppose

**Do not read:**

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

**CATI NOTE: If Core Tobacco Use Section Q11.1 = 1 “Yes” smoked at least 100 cigarettes in your life, then continue. Otherwise, go to next module.**

- 4 When you quit smoking or the last time you tried to quit smoking, did you use nicotine replacement therapy – gum, patches, lozenges, nasal spray, inhaler, or the medications Zyban/Wellbutrin/bupropion (ZEYE ban/Well BYOU trin/byou PRO pee on) or Chantix/varenicline (SHAN tix/VAR en i cline) to assist you? *(QUITNTR)*

- 1 Yes
- 2 No
- 3 Never tried to quit
  
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE: If Q4 = 2 “No”, then continue. Otherwise, go to next module.**

- 5 Was there a time when you wanted to use nicotine replacement therapy to help you quit smoking but could not because of cost? *(NICCST)*

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

## State-Added Module 9: Oral Health

---

- 1 During the past 12 months, was there any time when you needed dental care but did not get it? *(NEEDDNTL)*

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

- 2 What was the main reason you did not receive the dental care you needed? *(WHYNODNTL, WHYNODNTLO)*

**Read only if necessary:**

- 1 Fear, apprehension, nervousness, pain, dislike going  
2 Could not afford / cost / too expensive  
3 Dentist would not accept my insurance, including Medicaid  
4 Do not have/know a dentist  
5 Lack transportation / too far away  
6 Hours aren't convenient  
7 Did not have time  
8 Other ailments prevent dental care  
9 Could not get into dentist/clinic  
10 No dental insurance

**Do not read:**

- 11 Other (specify : \_\_\_\_\_)  
77 Don't know / not sure  
99 Refused

- 3 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? *(DNTLCVRG)*

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

### Closing:

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

## PART B

### CDC Module 17: Anxiety and Depression

---

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

**M17.1** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? *(ADPLEASR)*

-- 01–14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.2** Over the last 2 weeks, how many days have you felt down, depressed or hopeless? *(ADDOWN)*

-- 01–14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.3** Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? *(ADSLEEP)*

-- 01–14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.4** Over the last 2 weeks, how many days have you felt tired or had little energy? *(ADENERGY)*

-- 01–14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.5** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? *(ADEATI)*

-- 01-14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.6** Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? *(ADFAIL)*

-- 01-14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.7** Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? *(ADTHINK)*

-- 01-14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.8** Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? *(ADMOVE)*

-- 01-14 days

88 None

77 Don't know / Not sure

99 Refused

**M17.9** Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? *(ADANXEV)*

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

**M17.10** Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? *(ADDEPEV)*

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

### **State-Added Module 6: Depression Treatment**

---

**CATI note: If CDC Anxiety & Depression Module M17.10=1 (Yes) for ever diagnosed with a depressive disorder, continue. Otherwise, go to Q2.**

**1** About how long has it been since you were diagnosed with depression? *(DEPRES DX)*

**Please read:**

- 1 During the past twelve months (one year or less)
- 2 During the past two years (more than 1 year to 2 years)
- 3 During the past five years (more than 2 years to 5 years)
- 4 More than five years

**Do not read:**

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

Now, I am going to ask few questions about your feelings of being sad, discouraged or uninterested in the past 12 months and the treatment received for these feelings.

**2** During the past 12 months, have you had a period of two weeks or longer when you felt sad, discouraged or uninterested? (*FELTSAD*)

- 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** Did you receive any treatment for your sadness, discouragement or lack of interest at any time in the past 12 months by a medical doctor or other health professional? (By health professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals) (*DEPRESTX*)

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

**4** During the past 12 months, did you get a prescription medicine for your sadness, discouragement or lack of interest? (*DEPRESRX*)

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

**5** During the past 12 months, did you receive counseling or therapy from a medical doctor or other health professional for your sadness, discouragement or lack of interest? (By health professional we mean psychologists, counselors spiritual advisors, herbalists, acupuncturists, and other healing professionals) (*DPRSTHRPY*)

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

**CATI NOTE: If Q3=2 (No), then continue. Otherwise, go to Q7**

6 What was the main reason you did not receive treatment that you needed for your sadness, discouragement or lack of interest in the past 12 months?(*RSNNOTX, RSNNOTXO*)

**Read only if necessary:**

- 01 Fear/apprehension/nervousness/ dislike going
- 02 Could not afford/cost/too expensive
- 03 Provider will not accept my insurance, including Medicaid
- 04 Do not have/know a health provider
- 05 Lack transportation/too far away
- 06 Hours aren't convenient
- 07 Illness or death of family member or friend
- 08 Did not feel need/not severe enough for treatment
- 09 Denial that needs treatment
- 10 Work related situation or stress
- 11 Just did not seek treatment
- 12 Other physical ailments
- 13 Do not want to take prescribed medications
- 14 Other (Specify)\_\_\_\_\_

**Do not read:**

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

7 During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for your sadness, discouragement or lack of interest? (*HOSPTX*)

\_\_ \_\_ Number of Times

- 88 None
- 77 Don't know/Not sure
- 99 Refused

## CDC Module 9: Arthritis Burden

---

Next I will ask you about arthritis.

**M09.1** 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? *(HAVARTH2)*

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   |                 |
| 2 | No                    | [Go to SA08Q01] |
| 7 | Don't know / Not sure | [Go to SA08Q01] |
| 9 | Refused               | [Go to SA08Q01] |

**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)

## State-Added Module 7: Arthritis Burden

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Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

**1** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? *(LMTJOIN2)*

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say:** "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**CATI NOTE: Q2 should be asked of all respondents regardless of employment status.**

- 2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (ARTHDIS2)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is “yes” mark the overall response as “yes.” If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

- 3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say... (ARTHSOCL)

**Please read:**

- 1 A lot
- 2 A little
- 3 Not at all

**Do not read:**

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

- 4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* (JOINPAIN)

-- Enter number [00-10]

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

## **State-Added Module 8: Disability (Asked of all respondents)**

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The following questions refer to your physical health that includes physical illness or injury.

- 1** During the past 12 months, was there any time when you needed health care services such as a physician's visit or hospital inpatient care but did not receive it? *(NOHCSREC)*

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

**CATI NOTE: If Q1 = 1, continue. Otherwise, skip to Q4.**

- 2** What was the MAIN reason you did not receive health care services? *(NOHCSRSN, NOHCSRSNO)*

**Read only if necessary:**

- 01 Could not afford / cost / too expensive
- 02 No insurance
- 03 Doctor did not accept Medicare/Insurance
- 04 Not serious enough
- 05 Wait too long in clinic/office
- 06 Difficulty getting an appointment
- 07 Doesn't like/trust/believe in doctors
- 08 No doctor available
- 09 Did not know where to go
- 10 No way to get there/No transportation
- 11 Hours not convenient
- 12 Speak different language/lack of communication aids, interpreters or alternative formats
- 13 Health of another family member
- 14 Physical access to buildings/offices prevents access to services
- 15 Physical access to medical equipment prevents access to services
- 16 Personal attendant or family member prevents access

**Do not read:**

- 77 Don't know / not sure
- 88 Other (specify : \_\_\_\_\_)
- 99 Refused

3 How big of a problem was it for you? Would you say... (NOHCSPROB)

**Please read:**

1 Major problem

2 Minor problem

**Or**

3 Not a problem

**Do not read:**

7 Don't know/Not sure

9 Refused

The following questions refer to physical activity.

4 Are you currently physically active or exercising as much as you WANT? (WANTACTV)

1 Yes

2 No

3 Physically unable

7 Don't know/Not sure

9 Refused

**CATI NOTE: If Q4 = 3 (Physically unable), then code Q6 = 04 (Permanent physical illness or injury) and go to next section. Otherwise, continue**

5 Are you currently physically active or exercising as much as you think you SHOULD? (SHLDACTV)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**CATI NOTE: If Q4 = 2 (no) OR Q5 = 2 (no) then continue. Otherwise, go to next section.**

- 6 What is the main personal reason that you do not exercise more or be more physically active? *(NOMRACTV, NOMRACTVO)*

**Mark only one, do not read:**

- 01 I don't have enough time
- 02 Too tired or don't have the energy
- 03 Temporary physical illness or injury
- 04 Permanent physical illness or injury
- 05 Don't enjoy being active
- 06 Don't have anyone to be active with
- 07 Afraid of injury
- 08 It is too expensive
- 09 Already get enough exercise
- 10 Self-motivation or will-power
- 11 No personal reason
- 12 Facility is not physically accessible
- 13 Exercise equipment is not physically accessible
- 14 Personal attendant or family member not supportive
- 15 Personal trainer not available
- 16 Mental illness
- 17 Pain relief/pain management
- 18 Weather
- 19 Childcare
- 20 Too old/Age
- 21 Transportation
- 22 No local facilities available
- 77 Don't know/ Not sure
- 88 Other (specify) \_\_\_\_\_
- 99 Refused

7 What one thing would it take to get you to exercise more or be more physically active?  
(GETMRACTV, GETMRACTVO)

**Mark only one, do not read:**

- 01 More time
- 02 Money
- 03 Availability of exercise facilities
- 04 Support from family/friends
- 05 Support from personal attendant
- 06 Childcare
- 07 Doctor's advice
- 08 Transportation
- 09 Self-motivation or will-power
- 10 No personal reason
- 11 Already get enough exercise
- 12 Physical access to exercise facility
- 13 Physical access to exercise equipment
- 14 Joint replacement/Surgical repair
- 15 Injury recovery
- 16 Pain management/control
- 17 Access to medication/Medication control of condition
- 18 Exercise partner/buddy
- 19 Lose Weight/Gain Weight
- 20 Recover from temporary illness
- 21 Access to group exercise
- 22 Permanent injury prevents exercising
- 23 Better weather
- 24 Improved mental health
- 25 Less tired/More energy
- 77 Don't know/ Not sure
- 88 Other (specify) \_\_\_\_\_
- 99 Refused

## CDC Module 6: Inadequate Sleep

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I would like to ask you a few questions about your sleep patterns.

- 1 On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get. (SLEPTIME)

**INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.**

-- Number of hours [01-24]

77 Don't know / Not sure

99 Refused

- 2 Do you snore? (SLEPSNOR)

**INTERVIEWER NOTE: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.**

1 Yes

2 No

7 Don't know / Not sure

9 Refused

- 3 During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (SLEPDAY)

-- Number of days [01-30]

88 None

77 Don't know / Not sure

99 Refused

4 During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? *(SLEPDRIV)*

- 1 Yes
- 2 No
- 3 Don't drive
- 4 Don't have license
  
- 7 Don't know / Not sure
- 9 Refused

**Closing:**

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

## List of Health Problems to Accompany Module 10, Question 3 [DO NOT READ]

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### **Lung Problems**

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

### **Kidney Problems**

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

### **Anemia**

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

### **Causes of Weak Immune System**

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines