KANSAS

2010

Behavioral Risk Factor Surveillance System Questionnaire

September 29, 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:
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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)?

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?

If "no,"
Thank you very much, but we are only interviewing private residences in Kansas. STOP

Is this a cellular telephone?

[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

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)*

<table>
<thead>
<tr>
<th>Number of days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88 None</td>
<td></td>
</tr>
<tr>
<td>77 Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>99 Refused</td>
<td></td>
</tr>
</tbody>
</table>

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)*

<table>
<thead>
<tr>
<th>Number of days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88 None</td>
<td></td>
</tr>
<tr>
<td>77 Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>99 Refused</td>
<td></td>
</tr>
</tbody>
</table>

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)*

<table>
<thead>
<tr>
<th>Number of days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88 None</td>
<td></td>
</tr>
<tr>
<td>77 Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>99 Refused</td>
<td></td>
</tr>
</tbody>
</table>

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)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know / Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
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?  

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?  

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.

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?  

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

8.3  (Ever told) you had a stroke?  

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?  

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

9.2  Do you still have asthma?  

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?  

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**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?  

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0 1</td>
<td>Within the past month (less than 1 month ago)</td>
</tr>
<tr>
<td>0 2</td>
<td>Within the past 3 months (1 month but less than 3 months ago)</td>
</tr>
<tr>
<td>0 3</td>
<td>Within the past 6 months (3 months but less than 6 months ago)</td>
</tr>
<tr>
<td>0 4</td>
<td>Within the past year (6 months but less than 1 year ago)</td>
</tr>
<tr>
<td>0 5</td>
<td>Within the past 5 years (1 year but less than 5 years ago)</td>
</tr>
<tr>
<td>0 6</td>
<td>Within the past 10 years (5 years but less than 10 years ago)</td>
</tr>
<tr>
<td>0 7</td>
<td>10 years or more</td>
</tr>
<tr>
<td>0 8</td>
<td>Never smoked regularly</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

**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.

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<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

**Do not read:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Section 12: Demographics

12.1 What is your age?  

_ _ Code age in years  

07 Don’t know / Not sure  
09 Refused

12.2 Are you Hispanic or Latino?  

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?  

(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?  

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.  

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…?  

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?  

_ _ Number of children

88 None
99 Refused

12.8 What is the highest grade or year of school you completed?  

**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…?  

**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 [Go to Q12.17]
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? \texttt{(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. \texttt{(SEX)}

1 Male \texttt{[Go to next section]}

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

12.20 To your knowledge, are you now pregnant? \texttt{(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? \texttt{(DRNKANY4)}

1 Yes

2 No \texttt{[Go to next section]}

7 Don’t know / Not sure \texttt{[Go to next section]}

9 Refused \texttt{[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? \texttt{(ALCDAY4)}

\_\_ Days per week

\_\_ Days in past 30 days

888 No drinks in past 30 days \texttt{[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? (HINIAV01)

[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? (HINIAV02)

___ 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? (HINIAV03)

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?  \( (\text{FALL3MN2}) \)

\begin{align*}
\_ & \_ \quad \text{Number of times} \quad [76 = 76 \text{ or more}] \\
88 & \quad \text{None} \quad [\text{Go to next section}] \\
77 & \quad \text{Don’t know / Not sure} \quad [\text{Go to next section}] \\
99 & \quad \text{Refused} \quad [\text{Go to next section}] \\
\end{align*}

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. \( (\text{FALLINJ2}) \)

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

\begin{align*}
\_ & \_ \quad \text{Number of falls} \quad [76 = 76 \text{ or more}] \\
88 & \quad \text{None} \\
77 & \quad \text{Don’t know / Not sure} \\
99 & \quad \text{Refused} \\
\end{align*}
**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 <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?  

**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?

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?

1  Yes
2  No  

7  Don't know / Not sure  
9  Refused
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? *(HADSMG3)*

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? (*HIVSTD2*)

**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?  

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?  

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?  

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?  \((H1N1AQ01)\)

   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?  

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?  

[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?  

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…  

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… (H1N1AQ06)

**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? (H1N1AQ07)

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? (H1N1AQ08)

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? (H1NIAQ09)

<table>
<thead>
<tr>
<th></th>
<th># persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don't know/Not Sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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? (H1NIAQ10)

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

<table>
<thead>
<tr>
<th></th>
<th># persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don't know/Not Sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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)

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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

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?  

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....  

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...  

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.  

(WRKHCFI)

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…  (DRHIPADI)

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]

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
<th>[Go to next module]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
<td>[Go to next module]</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td>[Go to next module]</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>[Go to next module]</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>No</td>
<td>[Go to next module]</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td>[Go to next module]</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td>[Go to next module]</td>
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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?  
(H1N1CQ01)

1 Yes  [Go to next module]
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?  
(H1N1CQ02)

1 Yes  [Go to next module]
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  [Go to next module]
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?  

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

(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?

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

(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
7  Don’t know / Not sure
9  Refused

(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?  

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] (H1N1CV03)  

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? (H1N1CV04)  

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? (H1N1CV05)  

_ _ Month  
77 Don’t know / Not sure  
99 Refused
C ATI 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? *(H1N1CV06)*

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  [Go to next module]
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? *(RCVFVCH4)*

_ _ / _ _ _ _ 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?  
(\text{CASTHDX2})
\begin{tabular}{ll}
1 & Yes \text{[Go to next module]} \\
2 & No \\
7 & Don’t know / Not sure \text{[Go to next module]} \\
9 & Refused \text{[Go to next module]} \\
\end{tabular}

M24.2 Does the child still have asthma?  
(\text{CASTHNO2})
\begin{tabular}{ll}
1 & Yes \\
2 & No \\
7 & Don’t know / Not sure \\
9 & Refused \\
\end{tabular}

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?  

   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? (PREDIABI)

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?  

1  Yes  
2  No  
9  Refused  

INSULIN

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.  

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  

BLDSUGAR

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.  

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  

FEETCHK2

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

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

DOCTDIAB
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"?  

_ _  Number of times \[76 = 76 \text{ or more}\]

88  None

98  Never heard of “A one C” test

77  Don’t know / Not sure

99  Refused

CAT1 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?  

_ _  Number of times \[76 = 76 \text{ or more}\]

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.  

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?  

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?  

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.  

[Mark all that apply]:  

Please read:  
1  Mother  
2  Father  
3  Brothers  
4  Sisters  

[Interviewer note: include half brother]  
[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 then 9 pounds at birth?  

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?) *(HASYM1)*
   - 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?) *(HASYM2)*
   - 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?) *(HASYM3)*
   - 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?) *(HASYM4)*
   - 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?) (HASYMPS5)
   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?) (HASYMPS6)
   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?) (STRSYMPS1)
   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?) (STRSYMPS2)
   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?) (STRSYMPS3)
   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?)  \((\text{STRSYMP4})\)

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<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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11 (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)  \((\text{STRSYMP5})\)

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<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</table>

12 (Do you think) severe headache with no known cause (is a symptom of a stroke?)  \((\text{STRSYMP6})\)

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<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</tbody>
</table>

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?

\((\text{FIRSTAID})\)

**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?  

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/buproprion (ZEYE ban/Well BYOU trin/byou PRO pee on) or Chantix/varenicline (SHAN tix/VAR en i cline) to assist you?  

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?  

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?  

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

2  What was the main reason you did not receive the dental care you needed?  

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?  

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)

<table>
<thead>
<tr>
<th></th>
<th>01–14 days</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>88</td>
<td>77</td>
<td>99</td>
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**M17.2** Over the last 2 weeks, how many days have you felt down, depressed or hopeless?  
(ADDOWN)

<table>
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<tr>
<th></th>
<th>01–14 days</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>88</td>
<td>77</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>01–14 days</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>88</td>
<td>77</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>01–14 days</th>
<th>None</th>
<th>Don’t know / Not sure</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _</td>
<td>88</td>
<td>77</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>
M17.5  Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?  

_ _  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?  

_ _  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?  

_ _  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?  

_ _  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)?

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)?

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?

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
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)
- tendinitis, 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**

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)**

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…

   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?

   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?

   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
What one thing would it take to get you to exercise more or be more physically active?

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
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.  

   **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?

   **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?

   **INTERVIEWER NOTE:**

   _ _ 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? 

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]

**Lung Problems**
- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioleiomyomatosis (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