

KANSAS

2011

Behavioral Risk Factor Surveillance System Questionnaire

June 15, 2012

Influenza Like Illness (ILI) Questions:

Asked January 1 and asked through April 30:

Emergency Section 6:	Adult Influenza Like Illness	10 QUESTIONS
Emergency Section 7:	Child Influenza Like Illness	2 QUESTIONS

Preventive Counseling for Alcohol Use:

Asked August 1 thru December 31

Emergency Section:	Preventive Counseling for Alcohol Use	1 QUESTION
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Behavioral Risk Factor Surveillance System 2011 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) ?

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 5.**

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 5 (Core Sections)

-- 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? (78-79)

-- 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 or Indian Health Services? (80)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

1 Yes, only one

2 More than one

3 No

7 Don't know / Not sure

9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

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

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

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]

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

4.2 Are you currently taking medicine for your high blood pressure? (85)

- 1 Yes
- 2 No

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (86)

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

5.2 About how long has it been since you last had your blood cholesterol checked? (87)

Read only if necessary:

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

Do not read:

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (88)

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

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

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."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (89)

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

- 6.2** (Ever told) you had angina or coronary heart disease? (90)
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.3** (Ever told) you had a stroke? (91)
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.4** (Ever told) you had asthma? (92)
- 1 Yes
2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
9 Refused [Go to Q6.6]
- 6.5** Do you still have asthma? (93)
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.6** (Ever told) you had skin cancer? (94)
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.7** (Ever told) you had any other types of cancer? (95)
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused

6.8 (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? (96)

- 1 Yes
- 2 No

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (97)

- 1 Yes
- 2 No

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (98)

- 1 Yes
- 2 No

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow. (99)

- 1 Yes
- 2 No

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

6.12 Has a doctor, nurse or other health professional ever said that you have vision impairment in one of both eyes, even when wearing glasses? (100)

- 1 Yes
- 2 No
- 3 Not applicable (blind)

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

6.13 (Ever told) you have diabetes? (101)

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

CATI note: If qstpath = 12, go to next section. CDC Diabetes Optional Modules are not asked in Path B of the Kansas BRFSS.

If qstpath = 11 and Q6.13 = 1 (Yes), go to CDC Module 1: Diabetes.

If qstpath = 11 and Q16.13 > 1 then, go to CDC Module 2: Pre-Diabetes.

Section 7: Tobacco Use

7.1 Have you smoked at least 100 cigarettes in your entire life? (102)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.2 Do you now smoke cigarettes every day, some days, or not at all? (103)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q7.4]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (104)

- 1 Yes [Go to Q7.5]
- 2 No [Go to Q7.5]
- 7 Don't know / Not sure [Go to Q7.5]
- 9 Refused [Go to Q7.5]

7.4 How long has it been since you last smoked a cigarette, even one or two puffs? (105-106)

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 77 Don't know / Not sure
- 99 Refused

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

Snus (rhymes 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. (107)

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

Section 8: Demographics

8.1 What is your age? (108-109)

-- Code age in years

- 07 Don’t know / Not sure
- 09 Refused

8.2 Are you Hispanic or Latino? (110)

- 1 Yes
- 2 No

- 7 Don’t know / Not sure
- 9 Refused

8.3 Which one or more of the following would you say is your race? (111-116)

(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
- 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 Q8.3; continue. Otherwise, go to Q8.5.

8.4 Which one of these groups would you say best represents your race? (117)

Please read:

- 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

8.5 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. (118)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...? (119)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7 How many children less than 18 years of age live in your household? (120-121)

-- Number of children

- 88 None
- 99 Refused

8.8 What is the highest grade or year of school you completed? (122)

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

8.9 Are you currently...? (123)

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
- 8 Unable to work

Do not read:

- 9 Refused

8.10

Is your annual household income from all sources—

(124-125)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

State-Added Module 1: Average Hours Worked

CATI NOTE: If Q8.9 = 1 (employed), 2 (self-employed), 5 (student), 6 (retired), or 7 (homemaker); continue. Otherwise, go to Q8.11.

1. Previously, you indicated you were (a) [insert text response from core 8.9]. On the average, how many hours per week, if any, do you work at a job or business?

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

8.11 About how much do you weigh without shoes? (126-129)

NOTE: If respondent answers in metrics, put “9” in column 126.

Round fractions up

— — — — Weight (*pounds/kilograms*)\

7777 Don't know / Not sure

9999 Refused

8.12 About how tall are you without shoes? (130-133)

NOTE: If respondent answers in metrics, put “9” in column 130.

Round fractions down

— — / — — Height (*ft / inches/meters/centimeters*)

77/ 77 Don't know / Not sure

99/99 Refused

8.13 What county do you live in? (134-136)

— — — ANSI County Code (formerly FIPS county code)

777 Don't know / Not sure

999 Refused

8.14 What is the ZIP Code where you live? (137-141)

— — — — — ZIP Code

77777 Don't know / Not sure

99999 Refused

8.15 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. (142)

1 Yes

2 No **[Go to Q8.17]**

7 Don't know / Not sure **[Go to Q8.17]**

9 Refused **[Go to Q8.17]**

8.16 How many of these telephone numbers are residential numbers? (143)

— Residential telephone numbers **[6 = 6 or more]**

7 Don't know / Not sure

9 Refused

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (144)

- 1 Yes [Go to Q8.19]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.18 Do you share a cell phone for personal use (at least one-third of the time) with other adults? (145)

- 1 Yes [Go to Q8.20]
- 2 No [Go to Q8.21]
- 7 Don't know / Not sure [Go to Q8.21]
- 9 Refused [Go to Q8.21]

8.19 Do you usually share this cell phone (at least one-third of the time) with any other adults? (146)

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

8.20 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? (147-149)

- ___ Enter percent (1 to 100)
- 888 Zero
- 777 Don't know / Not sure
- 999 Refused

- 8.21** Do you own or rent your home? (150)
- 1 Own
 - 2 Rent
 - 3 Other arrangement

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

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

- 8.22** Indicate sex of respondent. Ask only if necessary. (151)
- 1 Male [Go to next section]
 - 2 Female [If respondent is 45 years old or older, go to next section]

- 8.23** To your knowledge, are you now pregnant? (152)
- 1 Yes
 - 2 No

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

Section 9: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE: If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

9.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. (153-155)

1 __ Per day
2 __ Per week
3 __ Per month

555 Never
777 Don't know / Not sure
999 Refused

INTERVIEWER NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 9.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

9.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit (156-158)

1 __ Per day
2 __ Per week
3 __ Per month

555 Never
777 Don't know / Not sure
999 Refused

Read only if necessary: "Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries."

INTERVIEWER NOTE: Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

9.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. (159-161)

1 __ Per day
2 __ Per week
3 __ Per month

555 Never
777 Don't know / Not sure
999 Refused

Read only if necessary: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

INTERVIEWER NOTE: Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

9.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (162-164)

1 __ Per day
2 __ Per week
3 __ Per month

555 Never
777 Don't know / Not sure
999 Refused

INTERVIEWER NOTE: Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

9.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (165-167)

1 __ Per day
2 __ Per week
3 __ Per month

555 Never
777 Don't know / Not sure
999 Refused

Read only if needed: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

FOR INTERVIEWER: Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

9.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. (168-170)

1 __ Per day
2 __ Per week
3 __ Per month

555 Never
777 Don't know / Not sure
999 Refused

Read only if needed: "Do not count vegetables you have already counted and do not include fried potatoes."

INTERVIEWER NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Section 10: Exercise (Physical Activity)

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

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

10.1 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? (171)

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [Go to Q10.8] |
| 7 | Don't know / Not sure | [Go to Q10.8] |
| 9 | Refused | [Go to Q10.8] |

10.2. What type of physical activity or exercise did you spend the most time doing during the past month? (172-173)

- | | | |
|----|-----------------------|---------------------|
| -- | (Specify | [See Coding List A] |
| 77 | Don't know / Not Sure | [Go to Q10.8] |
| 99 | Refused | [Go to Q10.8] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other “.

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as “Other”.

10.3 How many times per week or per month did you take part in this activity during the past month? (174-176)

1__ Times per week
2__ Times per month

777 Don't know / Not sure
999 Refused

10.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (177-179)

_:__ Hours and minutes

777 Don't know / Not sure
999 Refused

10.5 What other type of physical activity gave you the next most exercise during the past month? (180-181)

-- (Specify) [See Coding List A]

88 No other activity [Go to Q10.8]

77 Don't know / Not Sure [Go to Q10.8]

99 Refused [Go to Q10.8]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".

INTERVIEWER NOTE: Housework may be included as a physical activity or exercise spent and can be coded as "Other".

10.6 How many times per week or per month did you take part in this activity during the past month? (182-184)

1__ Times per week
2__ Times per month

777 Don't know / Not sure
999 Refused

10.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (185-187)

_:__ Hours and minutes

777 Don't know / Not sure
999 Refused

10.8 During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (188-190)

1__ Times per week

2__ Times per month

888 Never

777 Don't know / Not sure

999 Refused

Section 11: Disability

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

11.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (191)

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

11.2 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? (192)

NOTE: Include occasional use or use in certain circumstances.

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

Section 12: Arthritis Burden

If Q6.9 = 1 (yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

12.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (193)

- 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."

INTERVIEWER NOTE: Q12.2 should be asked of all respondents regardless of employment status.

12.2 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? (194)

- 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 of 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."

12.3 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? (195)

Please read [1-3]:

- 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."

12.4 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.* (196-197)

_ _ Enter number [00-10]

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (198)

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

Section 14: Immunization

14.1 Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (199)

- 1 Yes
- 2 No [Go to Q14.4]
- 7 Don't know / Not sure [Go to Q14.4]
- 9 Refused [Go to Q14.4]

14.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (200-205)

__ / ____ Month / Year

- 77 / 7 777 Don't know / Not sure
- 99 / 9999 Refused

14.3 At what kind of place did you get your last flu shot/vaccine? (206-207)

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 11 A school
- 77 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

- 99 Refused

14.4 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? (208)

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

Section 15: Alcohol Consumption

15.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (209-211)

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 [Go to next section]

999 Refused [Go to next section]

15.2 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? (212-213)

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

15.3 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? (214-215)

-- Number of times

88 None

77 Don't know / Not sure

99 Refused

15.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (216-217)

-- Number of drinks

77 Don't know / Not sure

99 Refused

Section 18: Preventive Counseling for Alcohol Consumption

The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

18.1 Has a doctor or other health professional ever talked with you about alcohol use? (547)

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No

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

Section 16: HIV/AIDS

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.

16.1 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. (218)

- 1 Yes
- 2 No [Go to Q16.3]

- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

16.2 Not including blood donations, in what month and year was your last HIV test? (219-224)

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

CATI INSTRUCTION: 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 / Not sure

16.3

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? (225)

- 1 Yes
- 2 No

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

Emergency Section 6: Adult Influenza Like Illness (ILI)

[Asked Jan - Apr]

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

6.1 Last month (i.e. [CATI NOTE: insert previous months name]), were you ill with a fever? (222)

- 1 Yes
- 2 No [Go to Q6.8]

- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

6.2 Did you also have a cough and/or sore throat? (223)

- 1 Yes
- 2 No [Go to Q6.8]

- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

6.3 Did you visit a doctor, nurse, or other health professional for this illness? (224)

- 1 Yes
- 2 No [Go to Q6.8]

- 7 Don't know / Not sure [Go to Q6.8]
- 9 Refused [Go to Q6.8]

6.4 When did you visit the doctor, nurse, or other health professional for this illness? Would you say.... (225)

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

6.5 What did the doctor, nurse, or other health professional tell you? Did they say... (226)

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

6.6 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... (227)

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

6.7 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? (228)

- 1 Yes
- 2 No

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

CATI NOTE: Apply prior to asking 6.08:

If household has one adult (NumAdult = 1), no children (Children = 88) and Adult has NOT been ill (Q6.1 = 2,7, 9 or Q6.2 = 2,7, 9); then go to next section.

If household has one adult (NumAdult = 1), no children (Children = 88) and Adult HAS been ill (Q6.1 = 1 and Q6.2 = 1); then go to Q6.10.

6.8 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])? (229)

- 1 Yes
- 2 No

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

**CATI NOTE: If Q6.8 = 2, Q6.1 = 1 (Yes) and Q6.2 = 1 (Yes); go to Q6.10.
Otherwise if Q6.8 = 2; go to next section.**

6.9 How many household members [CATI NOTE: If Q6.1 = 1 (Yes) and Q6.2 = 1 (Yes) then insert “, including you,”.] were ill last month (i.e. [CATI NOTE: insert previous month's name])? (230-231)

- __ __ # persons

- 88 None

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

**CATI NOTE: If (Q6.1 = 1(Yes) and Q6.2 = 1 (Yes)) or Q6.8 = 1 (Yes); continue to Q6.10.
Otherwise, skip to next section.**

6.10 How many people in your household, including you, were hospitalized for flu last month (i.e. [CATI NOTE: insert previous month's name])? (232-233)

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.

State-Added Module 2: Breast Cancer Screening

CATI note: If respondent is male, go to the next module.

The next questions are about breast cancer.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

2. How long has it been since you had your last mammogram?

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

Module 32: Random Child Selection

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 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 Q8.7 is >1 and Core Q8.7 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.”

1. What is the birth month and year of the “Xth” child? (488-493)

--/_---- 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 birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (494)

1 Boy
2 Girl
9 Refused

3. Is the child Hispanic or Latino? (495)

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

4. Which one or more of the following would you say is the race of the child? (496-501)

[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
6 Other [specify] _____

Do not read:

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

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

5. Which one of these groups would you say best represents the child's race? (502)

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

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

6. How are you related to the child? (503)

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

Emergency Section 7: Childhood Influenza Like Illness (ILI)

[Asked Jan - Apr]

CATI NOTE: If Core Q8.7 = 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.

1. Last month (i.e. [CATI NOTE: insert previous month's name], did the child have a fever with cough and/or sore throat? (234)

- 1 Yes
- 2 No **[Go to next module]**

- 7 Don't know/Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

2. Did the child visit a doctor, nurse, or other health professional for this illness? (235)

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

State-Added Module 3: Childhood Diabetes

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused); go to next module.

Now, I would like to ask you about the "Xth" [CATI: Fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said the child has diabetes?

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

Module 33: Childhood Asthma Prevalence

CATI NOTE: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

Now, I would like to ask you about the "Xth" [CATI: please fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (504)

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

2. Does the child still have asthma? (505)

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

State-Added Module 4: Asthma Call Back Survey Information

CATI NOTE: If Q6.4 = 1 (Yes) or Childhood Asthma Prevalence CDC Module Q31.1 = 1 (Yes) and Random Child Selection CDC Module Q32.6 = 1 (Parent) or 3 (Foster parent or guardian) 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? (ADULTPERM)

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? (FName)

_____ 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? (ADULTPERM)

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? (FName)

_____ 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. (CName)

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? (CBTIME)

_____ 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

Module 1: Pre-Diabetes

CATI NOTE: Only asked of those that have been designated to answer modules in split Part A (qstpath = 11) & Core Q6.13 (diabetes awareness question) = 2 (Yes, but female told only during pregnancy), 3 (No), 4 (No, pre-diabetes or borderline diabetes), 7 (Don't know/Not sure) or 9 (Refused).

1. Have you had a test for high blood sugar or diabetes within the past three years? (245)

- 1 Yes
- 2 No

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

CATI NOTE: If Core Q6.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

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

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" (246)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

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

CATI NOTE: Go back to Core Section 7.

Module 2: Diabetes

CATI NOTE: Only asked of those that have been designated to answer modules in split Part A (qstpath = 11) & Core Q6.13 (diabetes awareness question) = 1 (Yes).

1. How old were you when you were told you have diabetes? (247-248)
- Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
99 Refused
2. Are you now taking insulin? (249)
- 1 Yes
2 No
9 Refused
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. (250-252)
- 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
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. (253-255)
- 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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (256-257)

_ _ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

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"? (258-259)

_ _ Number of times [76 = 76 or more]

8 None

98 Never heard of "A one C" test

77 Don't know / Not sure

99 Refused

CATI NOTE: If Q4 = 555 "No feet", go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (260-261)

_ _ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

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. (262)

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (263)

- 1 Yes
- 2 No

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (264)

- 1 Yes
- 2 No

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

CATI NOTE: Go back to Core Section 7.

State-Added Module 5: 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 **[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?

- 1 Yes
- 2 No

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

Module 10: Actions to Control High Blood Pressure

CATI NOTE: If Core Q4.1 = 1 (Yes); continue. Otherwise, go to next module.

Earlier you stated that you had been diagnosed with high blood pressure.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (317)
 - 1 Yes
 - 2 No
 - 3 Do not use salt
 - 7 Don't know / Not sure
 - 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318)
 - 1 Yes
 - 2 No
 - 3 Do not drink
 - 7 Don't know / Not sure
 - 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (319)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (320)

- 1 Yes
- 2 No

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (321)

- 1 Yes
- 2 No
- 3 Do not use salt

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

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (322)

- 1 Yes
- 2 No
- 3 Do not drink

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

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (323)

- 1 Yes
- 2 No

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (324)

- 1 Yes
- 2 No

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

- 10.** Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure? (325)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive

- 7 Don’t know / Not sure
- 9 Refused

Module 11: 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?) (326)

- 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?) (327)

- 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?) (328)

- 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?) (329)

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?) (330)

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?) (331)

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?) (332)

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?) (333)

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?) (334)

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?) (335)

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?) (336)

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?) (337)

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? (338)

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
5 Do something else

Do not read:

7 Don't know / Not sure
9 Refused

State-Added Module 6: Tobacco Related Issues

The next questions refer to tobacco issues.

1. How much additional tax on a pack of cigarettes would you be willing to support? Would you say...

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

Or

- 6 No tax increase

Don't Read:

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

2. Would you support or oppose increasing the tax on smokeless tobacco? Smokeless tobacco products include chewing tobacco, snuf and snus.

Snus (rhymes 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 Support
- 2 Oppose

Don't Read:

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

3. In general, do you support statewide laws that ban smoking in indoor public places such as stores, restaurants, bars, casinos, clubs, and sport arenas? Would you say...

Read:

- 1 Yes, all indoor public places
- 2 Yes, some indoor public places
- 3 No, I do not support any smoking ban for indoor public places

Don't Read:

- 4 Yes, but not in bars, private clubs and casinos
- 5 Yes, but not in bars and/or private clubs
- 6 Yes, but not in casinos and/or casino floors
- 7 Don't know / Not sure
- 9 Refused

4. Kansas state legislature passed a statewide smoking ban in 2010 that prohibits smoking in indoor public places. Has this new law prompted you to eat out more often, less often or was there no difference?

Interviewer Note: Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.

- 1 More often
- 2 Less often
- 3 No difference

Don't Read:

- 4 Do not eat out
- 5 More often due to other reasons
- 6 Less often due to other reasons
- 7 Don't know / Not sure
- 8 Not aware that the law passed
- 9 Refused

CATI NOTE: If respondent is a current smoker who has tried to quit in the last 12 months (Q7.3 = 1 (Yes)) or respondent is a former smoker who quit smoking in the last 12 months (Q7.4 = 1 (less than 1 month), 2 (1 month to less than 3 months), 3 (3 months to less than 6 months) or 4 (6 months to less than 1 year ago)); continue. Otherwise, go to Q6.

5. Did this statewide smoking ban passed by the Kansas state legislature in 2010 prompt you to quit smoking or try to quit smoking?

- 1 Yes
- 2 No

Don't Read:

- 7 Don't know / Not sure
- 8 Not aware of the law passed
- 9 Refused

6. During the past 30 days, have you heard or seen any advertisement for the Kansas Tobacco Quitline 1-800-QUIT-NOW?

Interviewer Probe: If respondent answers "No" or "Don't know/Not Sure"; Say: "The advertisements may show or mention a Superman kid or burning money."

- 1 Yes
- 2 No

Don't Read:

- 3 Yes, after the probe was read
- 7 Don't know / Not sure
- 9 Refused

Module 22: Chronic Obstructive Pulmonary Disease (COPD)

CATI NOTE: If core Q6.8 = 1 (Yes) then continue, else go to next module.

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (405)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

2. Would you say that shortness of breath affects the quality of your life? (406)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (407)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (408)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (409-410)
 - Number (01-76)
 - 88 None
 - 77 Don't know / Not sure
 - 99 Refused

State-Added Module 7: Doctor Advised Smoking Cessation

CATI NOTE: If Q7.2 = 1 (Everyday) or 2 (Some days), current smoker, continue. Otherwise go to next module.

Previously, you indicated that you smoke everyday or some days.

1. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking cigarettes?

- 1 Yes
- 2 No

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

State-Added Module 8: Fruits & Vegetables Tax

The next question refers to tax on fresh fruits and vegetables.

1. Would you support or oppose removing the sales tax on fresh fruits and vegetables?

- 1 Support
- 2 Oppose

Don't Read:

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

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

PART B

Module 18: Arthritis Management

CATI NOTE: If Core Q6.9 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (394)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (395)

- 1 Yes
- 2 No

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (396)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (397)
- 1 Yes
 - 2 No

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

Module 26: 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.

1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? (435-436)
- 01-14 days
 - 88 None
 - 77 Don't know / Not sure
 - 99 Refused
2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? (437-438)
- 01-14 days
 - 88 None
 - 77 Don't know / Not sure
 - 99 Refused
3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? (439-440)
- 01-14 days
 - 88 None
 - 77 Don't know / Not sure
 - 99 Refused

4. Over the last 2 weeks, how many days have you felt tired or had little energy? (441-442)
- 01-14 days
- 88 None
- 77 Don't know / Not sure
- 99 Refused
5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? (443-444)
- 01-14 days
- 88 None
- 77 Don't know / Not sure
- 99 Refused
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? (445-446)
- 01-14 days
- 88 None
- 77 Don't know / Not sure
- 99 Refused
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? (447-448)
- 01-14 days
- 88 None
- 77 Don't know / Not sure
- 99 Refused
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? (449-450)
- 01-14 days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

9. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (451)

- 1 Yes
- 2 No

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

10. 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)? (452)

- 1 Yes
- 2 No

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

State-Added Module 9: Depression Treatment

CATI note: If Q6.10=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 a 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?

- 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)

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?

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)

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?

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)_____
- 15 Other situations preventing seeking treatment
- 16 Already received treatment/counseling
- 17 Previous treatment did not work
- 18 Side effects of medication
- 19 Doctor did not address problem
- 20 Social support (Religious/Family/Friend)

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?

___ Number of Times

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

Module 7: Inadequate Sleep

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

1. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (300-301)

_ _ Number of days [01-30]

88 None

77 Don't know / Not sure

99 Refused

2. 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. (302-303)

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

3. Do you snore? (304)

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

4. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (305-306)

_ _ Number of days [01-30]

88 None

77 Don't know / Not sure

99 Refused

5. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? (307)
- 1 Yes
 - 2 No
 - 3 Don't drive
 - 4 Don't have license

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

Module 19: Tetanus Diphtheria (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years? (398)
- 1 Yes
 - 2 No **[Go to next module]**

 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
2. Was your most recent tetanus shot given in 2005 or later? (399)
- 1 Yes
 - 2 No **[Go to next module]**

 - 7 Don't know / Not sure
 - 9 Refused
3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? (400)
- 1 Yes (included pertussis)
 - 2 No (did not include pertussis)
 - 3 Doctor did not say

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

State-Added Module 10: Tetanus Diphtheria (Adolescents)

CATI NOTE: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI NOTE: If selected child is aged 10 to 17, continue. Otherwise, go to next module.

I would like to ask you about the tetanus diphtheria vaccine for your child.

1. Has he/she received a tetanus shot in the past 10 years?
- 1 Yes
 - 2 No **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**

2. Was his/her most recent tetanus shot given in 2005 or later?
- 1 Yes
 - 2 No **[Go to next module]**
 - 7 Don't know / Not sure
 - 9 Refused

3. There are currently two types of tetanus shots available today for older children and teenagers. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine?
- 1 Yes (included pertussis)
 - 2 No (did not include pertussis)
 - 3 Doctor did not say
 - 7 Don't know / Not sure
 - 9 Refused

Module 34: Child Immunization (Influenza)

CATI NOTE: If Core Q8.7 = 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 ≥ 6 months, continue. Otherwise, go to next module.

1. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. (506)
 - 1 Yes
 - 2 No [Go to next module]
 - 7 Don't know / Not sure [Go to next module]
 - 9 Refused [Go to next module]

2. During what month and year did [Fill: he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose?? (507-512)

__ / ____ Month / Year

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

3. At what kind of place did [he/she] get [his/her] last seasonal flu vaccine? (513-514)
 - 01 A doctor's office or health maintenance organization (HMO)
 - 02 A health department
 - 03 Another type of clinic or health center (Example: a community health center)
 - 04 A senior, recreation, or community center
 - 05 A store (Examples: supermarket, drug store)
 - 06 A hospital (Example: inpatient)
 - 07 An emergency room
 - 08 Workplace
 - 09 Some other kind of place
 - 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
 - 11 A school
 - 77 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)
 - 99 Refused

State-Added Module 11: 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 [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?

Read only if necessary:

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Could not afford / cost / too expensive
- 03 Dentist would not accept my insurance, including Medicaid
- 04 Do not have/know a dentist
- 05 Lack transportation / too far away
- 06 Hours aren't convenient
- 07 Do not have time
- 08 Other ailments prevent dental care
- 09 Could not get into dentist/clinic
- 10 Outside issues preventing obtaining treatment
- 11 Appointment has been or is being scheduled
- 12 Dentist refused/unable to provide treatment
- 13 Other (specify : _____)

Do not read:

- 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

State-Added Module 12: Disability Barrier to Attend Work or School

CATI NOTE: If Core Q11.1 = 1 (Yes), limited in any way or Q11.2 = 1 (Yes), use special equipment, continue. Otherwise go to next module.

Previously, you indicated you were limited in your activities or use special equipment due to an impairment or health problem.

1. Does your impairment or health problem affect your ability to go to school or work?

Interviewer Probe: If respondent indicates they don't go/or don't need to go to school or work, probe with;

“Is this due to your impairment or health problem?”

If yes, then code as 1. If no, then code as 8.

- | | |
|---|--|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / not sure |
| 8 | Don't attend school &/or work due to other reasons |
| 9 | Refused |

Module 24: Veterans' Health

CATI NOTE: If Core Q8.5 = 1 (Yes) continue, else go to next module.

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (423)

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

2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (424)

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

3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (425)

1 Yes
2 No

7 Don't know / Not sure
9 Refused

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment? (426)

Please read:

1 Yes, from a VA facility
2 Yes, from a non-VA facility
3 Yes, from both VA and non-VA facilities
4 No

Do not read:

7 Don't know / Not sure
9 Refused

The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

5. Has there been a time in the past 12 months when you thought of taking your own life? (427)

1 Yes
2 No [Go to next module]

7 Don't know / Not sure [Go to next module]
9 Refused [Go to next module]

6. During the past 12 months, did you attempt to commit suicide? Would you say--- (428)

Please read:

1 Yes, but did not require treatment
2 Yes, was treated at a VA facility
3 Yes, was treated at a non-VA facility
4 No

Do not read:

7 Don't know / Not sure
9 Refused

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

State-Added Module 13: Suicide

CATI Note: If CDC Module Q24.5 = 2 (No), then go to next module.

**If CDC Module Q24.5 = 1 (Yes), 7 (Don't know/Not sure) or 9 (Refused), go to Q2.
Else, continue.**

The following questions deal with suicide. Many people feel that this subject is personal, but we would appreciate you trying to answer these questions. Remember that you don't have to answer any questions that you don't want to.

1. Has there been a time in the past 12 months when you thought of taking your own life?

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

2. **If CDC Module Q24.6 = 1 (Yes, but did not require treatment), 2 (Yes, was treated at a VA facility) or 3 (Yes, was treated at a non-VA facility), read:**

During the past 12 months, before you attempted suicide, did you make a plan about how you would attempt suicide?

Else, read:

During the past 12 months, did you make a plan about how you would attempt suicide?

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

If CDC Module Q24.5 = 1 (Yes), 7 (Don't know/Not sure) or 9 (Refused), read:

As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

Else, read:

We realize that some people may wish to talk about this topic. If you or someone you know would like to talk to a trained counselor, please call **1-800-273-TALK (8255)**. Would you like me to repeat this number? Do you want me to transfer you to this number?

State-Added Module 14: Sexual Violence

These next questions may be hard for you to answer but the information is very important. These questions are about different types of physical and/or sexual violence or other unwanted sexual experiences that might or might not have happened to you since you were 18 years old. We recognize this is a sensitive topic. Some people may feel uncomfortable with these questions. The information you provide us will be kept strictly confidential. At the end of this section, I will give you a phone number for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

1. Are you in a safe place to answer these questions?

- 1 Yes
- 2 No **[Go to closing statement]**

2. Now, I am going to ask you questions about unwanted sex.

CATI NOTE: *If respondent is female read:* Unwanted sex includes things like putting anything into your vagina, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

CATI NOTE: *If respondent is male read:* Unwanted sex includes things like putting anything into your anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

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

3. Has this happened in the past 12 months?

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

4. Think about the time of the most recent incident involving a person who had sex with you, or attempted to have sex with you, after you said or showed that you didn't want to or without your consent. What was that person's relationship to you?

- 01 Personal attendant/caregiver
- 02 Someone you were dating
- 03 Boyfriend/Girlfriend (Includes ex-boyfriend/ex-girlfriend)
- 04 Stranger
- 05 Spouse or live-in partner (Include ex-spouse/ex-live-in partner)
- 06 Relative
- 07 Friend/Roommate
- 08 Acquaintance/Neighbor/Landlord
- 09 Co-worker/Supervisor/Client
- 10 School teacher/employee/classmate or Youth Counselor
- 11 Friend or Co-Worker of Boyfriend/Girlfriend/Spouse/Family/Friend
- 12 Other (specify: _____)

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

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE(4673)**. Would you like me to repeat this number? Do you want me to transfer you to this number?

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.

Activity List for Common Leisure Activities (To be used for Section 10: Physical Activity)

Code Description (Physical Activity, Questions 10.2 and 10.5 above)

01 Active Gaming Devices (Wii Fit, Dance revolution)	41 Rugby
02 Aerobics video or class	42 Scuba diving
03 Backpacking	43 Skateboarding
04 Badminton	44 Skating – ice or roller
05 Basketball	45 Sledding, tobogganing
06 Bicycling machine exercise	46 Snorkeling
07 Bicycling	47 Snow blowing
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	48 Snow shoveling by hand
09 Bowling	49 Snow skiing
10 Boxing	50 Snowshoeing
11 Calisthenics	51 Soccer
12 Canoeing/rowing in competition	52 Softball/Baseball
13 Carpentry	53 Squash
14 Dancing-ballet, ballroom, Latin, hip hop, etc	54 Stair climbing/Stair master
15 Elliptical/EFX machine exercise	55 Stream fishing in waders
16 Fishing from river bank or boat	56 Surfing
17 Frisbee	57 Swimming
18 Gardening (spading, weeding, digging, filling)	58 Swimming in laps
19 Golf (with motorized cart)	59 Table tennis
20 Golf (without motorized cart)	60 Tai Chi
21 Handball	61 Tennis
22 Hiking – cross-country	62 Touch football
23 Hockey	63 Volleyball
24 Horseback riding	64 Walking
25 Hunting large game – deer, elk	66 Waterskiing
26 Hunting small game – quail	67 Weight lifting
27 Inline Skating	68 Wrestling
28 Jogging	69 Yoga
29 Lacrosse	70 Other_____
30 Mountain climbing	99 Refused
31 Mowing lawn	
32 Paddleball	
33 Painting/papering house	
34 Pilates	
35 Racquetball	
36 Raking lawn	
37 Running	
38 Rock Climbing	
39 Rope skipping	
40 Rowing machine exercise	

List of Health Problems to Accompany Module 8, Question 3

[DO NOT READ]

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (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