

1996 Behavioral Risk Factor Questionnaire

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

Is this _____ ? No Thank you very much, but
I seem to have dialed the
wrong number, It's
possible that your number
may be called at a later
time. Stop

Is this a private residence? No Thank you very much, but we are
only _____
interviewing private residences.
Stop

Our study requires that we randomly select one adult who lives in your
household to be interviewed. How many members of your household,
including yourself, are 18 years of age or older?

If "1" Are you the adult?

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

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

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

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

Etc.

Who is the oldest woman who presently lives in this household?

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

Etc.

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

If "you," go to page 3

To correct respondent

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

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

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- or
- e. Poor 5

Do not read these responses Don't know/Not Sure 7
Refused 9

2. 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? (34-35)

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

3. 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? (36-37)

- a. Number of days — —
- b. None If Q. 2 also "None," go to Q. 5 (p. 5) 8 8
- Don't know/Not sure 7 7
- Refused 9 9

4. 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?	(38-39)
a. Number of days	— —
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)

a. Yes	1
b. No Go to Q. 7b (p. 7)	2
Don't know/Not sure Go to Q. 12 (p. 9)	7
Refused Go to Q. 12 (p. 9)	9

5a. During the past 12 months, was there any time that you did not have any health insurance of coverage? (State-added question) (331)

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

6. Do you have Medicare? (41)

Medicare is a coverage plan for people 65 or over and for certain	a. Yes Go to Q. 8 (p. 7)	1
	b. No	2
	Don't know/not sure	7

disabled
people

Refused

9

7a. What type of health care coverage do you use to pay for most of
your medical care? (42-43)

Is it coverage through: Please Read

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

7b. There are some types of coverage you may not have considered.
Please tell me if you have any of the following: (44-45)

Coverage through: Please Read

If more than one, ask "Which type do you use to	a.	Your employer	0 1
	b.	Someone else's employer	0 2

pay for most of your medical care?"	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
Do not read these responses	None Go to Q. 11 (p. 9)	8 8
	Don't know/Not sure Go to Q. 12 (p. 9)	7 7
	Refused Go to Q. 12 (p. 9)	9 9

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]?
(46)

Read only if necessary

If necessary, say "The coverage you use currently to pay for most of your medical care"	a. For less than 12 months (1 to 12 months)	1
	b. For less than 2 years (1 to 2 years)	2
	c. For less than 3 years (2 to 3 years)	3
	d. For less than 5 years (3 to 5 years)	4
	e. For 5 or more years	5
	Don't know/Not sure	7
	Refused	9

9. Is there a book or list of doctors associated with your [fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q.

7b] plan? (47)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

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

If "no" or
"Dk/Ns," probe
"Is there a
certain number
you are supposed
to call to find a
doctor to go to?"

10. Does your [fill in type (Medicare/Medicaid/health coverage) from
Q. 6, Q. 7a, or Q. 7b] plan require you to select a certain doctor
or clinic for all of your routine care? (48)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

- | | |
|--|---|
| a. Yes Go to Q. 12 (p. 9) | 1 |
| b. No Go to Q. 12 (p. 9) | 2 |
| Don't know/Not sure Go to Q. 12 (p. 9) | 7 |
| Refused Go to Q. 12 (p. 9) | 9 |

Do not include
emergency care
or referral to
a specialist

11. About how long has it been since you had health care coverage?
(49)

Read Only if Necessary

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

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

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

13. About how long has it been since you last visited a doctor for a routine checkup? (51)

Read Only if Necessary

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

Refused 9

Section 3: Diabetes

14. Have you ever been told by a doctor that you have diabetes?
(52)

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

a. Yes		1
b. Yes, but female told only during pregnancy		2
c. No		3
Don't know/Not sure		7
Refused		9

Section 4: Exercise

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

15. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
(53)

a. Yes		1
b. No	Go to Q. 25 (p. 14)	2
Don't know/Not sure	Go to Q. 25 (p. 14)	7
Refused	Go to Q. 25 (p. 14)	9

16. What type of physical activity or exercise did you spend the most time doing during the past month?
(54-55)

Activity (specify): _____

See coding list A

Refused Go to Q. 20 (p. 12) 9 9

Ask Q. 17 only if answer to Q. 16 is running, jogging, walking, or swimming. All others, go to Q. 18.

17. How far did you usually walk/run/jog/swim? (56-58)

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

18. How many times per week or per month did you take part in this activity during the past month? (59-61)

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

19. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

	Hours and minutes	—	:	—	—
	Don't know/Not sure	7	7	7	
	Refused	9	9	9	

20. Was there another physical activity or exercise that you participated in during the last month? (65)

a.	Yes	1		
----	-----	---	--	--

- b. No Go to Q. 25 (p. 14) 2
- Don't know/Not sure Go to Q. 25 (p. 14) 7
- Refused Go to Q. 25 (p. 14) 9

21. What other type of physical activity gave you the next most exercise during the past month? (66-67)

Activity (specify): _____
See coding list A

Refused Go to Q. 25 (p. 14) 9 9

Ask Q. 22 only if answer to Q. 21 is running, jogging, walking, or swimming. All others go to Q. 23 (p. 13).

22. How far did you usually walk/run/jog/swim? (68-70)

See coding list B if Miles and tenths response is not in miles and tenths Don't know/Not sure Refused

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

23. How many times per week or per month did you take part in this activity? (71-73)

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

24. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

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

Section 5: Tobacco Use

25. Have you smoked at least 100 cigarettes in your entire life?
(77)

5 packs = 100 ciga- rettes	a.	Yes		1
	b.	No	Go to Section 6: Nutrition (p. 16)	2
		Don't know/Not sure	Go to Section 6: Nutrition (p. 16)	7
		Refused	Go to Section 6: Nutrition (p. 16)	9

26. Do you now smoke cigarettes everyday, some days, or not at all?
(78)

a.	Everyday		1
b.	Some days	Go to Q. 27a	2
c.	Not at all	Go to Q. 29 (p. 15)	3
	Refused	Go to Section 6: Nutrition (p. 16)	9

27. On the average, about how many cigarettes a day do you now smoke?
(79-80)

1 pack = 20 ciga- rettes	Number of cigarettes	Go to Q. 28 (p. 15)	___	___
	Don't know/Not sure	Go to Q. 28 (p. 15)	7	7
	Refused	Go to Q. 28 (p. 15)	9	9

27a. On the average, when you smoked during the past 30 days, about

how many cigarettes did you smoke a day? (81-82)

1 pack
= 20

Number of cigarettes Go to Section 6: Nutrition (p. 16) __ __

ciga-
rettes

Don't know/Not sure Go to Section 6: Nutrition (p. 16) 7 7

Refused Go to Section 6: Nutrition (p. 16) 9 9

28. During the past 12 months, have you quit smoking for 1 day or longer? (83)

a. Yes Go to Section 6: Nutrition (p. 16) 1

b. No Go to Section 6: Nutrition (p. 16) 2

Don't know/Not sure Go to Section 6: Nutrition (p. 16) 7

Refused Go to Section 6: Nutrition (p. 16) 9

29. About how long has it been since you last smoked cigarettes regularly, that is, daily? (84-85)

Read Only if Necessary

a. Within the past month (0 to 1 month ago) 0 1

b. Within the past 3 months (1 to 3 months ago) 0 2

c. Within the past 6 months (3 to 6 months ago) 0 3

d. Within the past year (6 to 12 months ago) 0 4

e. Within the past 5 years (1 to 5 years ago) 0 5

f. Within the past 15 years (5 to 15 years ago) 0 6

g. 15 or more years ago 0 7

Don't know/Not sure 7 7

Never smoked regularly 8 8

Refused

9 9

Section 6: Nutrition

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

30. How often do you drink fruit juices such as orange, grapefruit, or tomato? (86-88)

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

31. Not counting juice, how often do you eat fruit? (89-91)

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

32. How often do you eat green salad?	(92-94)
a. Per day	1 ___ ___
b. Per week	2 ___ ___
c. Per month	3 ___ ___
d. Per year	4 ___ ___
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

33. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?	(95-97)
a. Per day	1 ___ ___
b. Per week	2 ___ ___
c. Per month	3 ___ ___
d. Per year	4 ___ ___
e. Never	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

34. How often do you eat carrots?	(98-100)
a. Per day	1 ___ ___
b. Per week	2 ___ ___
c. Per month	3 ___ ___
d. Per year	4 ___ ___

e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

35. Not counting carrots, potatoes, or salad, how many servings of
vegetables do you usually eat? (101-103)

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

Section 7: Weight Control

36. Are you now trying to lose weight? (104)

a. Yes Go to Q. 38	1
b. No	2
Don't know/Not sure	7
Refused	9

37. Are you now trying to maintain your current weight, that is to
keep from gaining weight? (105)

a. Yes	1
--------	---

- b. No Go to Q. 40 (p. 20) 2
- Don't know/Not sure Go to Q. 40 (p. 20) 7
- Refused Go to Q. 40 (p. 20) 9

38. Are you eating either fewer calories or less fat to...
lose weight? [if "Yes" on Q. 36]

keep from gaining weight? [if "Yes" on Q. 37] (106)

- Probe for which
- a. Yes, fewer calories 1
 - b. Yes, less fat 2
 - c. Yes, fewer calories and less fat 3
 - d. No 4
 - Don't know/Not sure 7
 - Refused 9

39. Are you using physical activity or exercise to...
lose weight? [if "Yes" on Q. 36]

keep from gaining weight? [if "Yes" on Q. 37] (107)

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

40. In the past 12 months, has a doctor, nurse, or other health
professional given you advice about your weight? (108)

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

Section 8: Demographics

41. What is your age?	(109-110)
Code age in years	-- --
Don't know/Not sure	0 7
Refused	0 9

42. What is your race?	(111)
------------------------	-------

Would you say: Please Read

a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native or	4
e. Other: (specify)	5
Do not read these responses	Don't know/Not sure 7
	Refused 9

43. Are you of Spanish or Hispanic origin?	(112)
--	-------

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

44. Are you: (113)

Please Read

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

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

Please Read

- Code 1-9 a. less than 5 years old? ___ (114)
- 7 = 7 or more
- 8 = None b. 5 through 12 years old? ___ (115)
- 9 = Refused
- c. 13 through 17 years old? ___ (116)

46. What is the highest grade or year of school you completed? (117)

Read Only if Necessary

- a. Never attended school or only attended

kindergarten	1
b. Grades 1 through 8 (Elementary)	2
c. Grades 9 through 11 (Some high school)	3
d. Grade 12 or GED (High school graduate)	4
e. College 1 year to 3 years (Some college or technical school)	5
f. College 4 years or more (College graduate)	6
Refused	9

47. Are you currently: (118)

Please Read

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

48. Is your annual household income from all sources: (119-120)

Read as Appropriate

If res-	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
---------	--	-----

pondent
refuses b. Less than \$20,000 If "no," code a; if "yes," ask c
at any (\$15,000 to less than \$20,000) 0 3
income
level, c. Less than \$15,000 If "no," code b; if "yes," ask d
code (\$10,000 to less than \$15,000) 0 2
refused
d. Less than \$10,000 If "no," code c 0 1
e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) 0 5
f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) 0 6
g. Less than \$75,000 If "no," code h
(\$50,000 to less than \$75,000) 0 7
h. \$75,000 or more 0 8

Do not Don't know/Not sure 7 7
read these
responses Refused 9 9

49. About how much do you weigh without shoes? (121-123)

Round Weight
fractions _____
up pounds
Don't know/Not sure 7 7 7
Refused 9 9 9

50. How much would you like to weigh? (124-126)

Weight _____
pounds
Don't know/Not sure 7 7 7
Refused 9 9 9

51. About how tall are you without shoes? (127-129)

Round	Height	___ / ___ ___
fractions		ft/inches
down		
	Don't know/Not sure	7 7 7
	Refused	9 9 9
52.	What county do you live in?	(130-132)
	FIPS county code	___ ___ ___
	Don't know/not sure	7 7 7
	Refused	9 9 9
53.	Do you have more than one telephone number in your household?	(133)
	a. Yes	1
	b. No Go to Q. 55 (p. 25)	2
	Refused Go to Q. 55 (p. 25)	9
54.	How many residential telephone numbers do you have?	(134)
	Total telephone numbers [8=8 or more]	___
	Refused	9
55.	Indicate sex of respondent. Ask Only if Necessary	(135)
	Male Go to Section 10: HIV/AIDS (p. 30)	1
	Female	2

Now I have some questions about other health services you may have received.

Section 9: Women's Health

56. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (136)

- a. Yes 1
- b. No Go to Q. 59 (p. 27) 2
- Don't know/Not sure Go to Q. 59 (p. 27) 7
- Refused Go to Q. 59 (p. 27) 9

57. How long has it been since you had your last mammogram?
(137)

Read only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

58. Was your last mammogram done as part of a routine checkup, because
of a breast problem other than cancer, or because you've already
had breast cancer? (138)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7

Refused 9

59. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (139)

a. Yes 1

b. No Go to Q. 62 (p. 28) 2

Don't know/Not sure Go to Q. 62 (p. 28) 7

Refused Go to Q. 62 (p. 28) 9

60. How long has it been since your last breast exam? (140)

Read Only if Necessary

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

61. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (141)

a. Routine Checkup 1

b. Breast problem other than cancer 2

c. Had breast cancer 3

Don't know/Not sure 7

Refused 9

62. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (142)

a. Yes 1

b. No Go to Q. 65 (p. 29) 2

Don't know/Not sure Go to Q. 65 (p. 29) 7

Refused Go to Q. 65 (p. 29) 9

63. How long has it been since you had your last Pap smear? (143)

Read Only if Necessary

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

64. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (144)

a. Routine exam 1

b. Check current or previous problem 2

Other 3

Don't know/Not sure	7
Refused	9
65. Have you had a hysterectomy?	(145)
a. Yes Go to Section 10: HIV/AIDS (p. 30)	1
A hysterec- tomy is an b. No	2
operation to remove the Don't know/Not sure	7
uterus (womb) Refused	9

If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 30).

66. To your knowledge, are you now pregnant?	(146)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 10: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement.

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

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?	(147-148)
---	-----------

Code 01 a. Grade	— —
------------------	-----

thru 12

b. Kindergarten	5	5
c. Never	8	8
Don't know/Not sure	7	7
Refused	9	9

68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (149)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

69. What are your chances of getting infected with HIV, the virus that causes AIDS? (150)

Would you say: Please Read

a. High	1
b. Medium	2
c. Low	3
or	
d. None	4

Not applicable Go to Q. 71 (p. 32) 5

Do not read these responses

Don't know/Not sure	7
Refused	9

70. Have you ever had your blood tested for HIV? (151)

a.	Yes	Go to Q. 71 (p. 32)	1
b.	No		2
	Don't know/Not sure		7
	Refused		9
71a.	Have you donated blood since March 1985?		(152)
a.	Yes		1
b.	No	Go to Q. 76 (p. 34)	2
	Don't know/Not sure	Go to Q. 76 (p. 34)	7
	Refused	Go to Q. 76 (p. 34)	9
72a.	When did you last donate blood?		(153-156)
	Code month and year	Go to Q. 76 (p. 34)	__ __ / __ __
	Don't know/Not sure	Go to Q. 76 (p. 34)	7 7 7 7
	Refused	Go to Q. 76 (p. 34)	9 9 9 9
71.	When was your last blood test for HIV?		(157-160)
	Code month and year		__ __ / __ __
	Don't know/Not sure		7 7 7 7
	Refused		9 9 9 9
72.	What was the main reason you had your last blood test for HIV?		(161-162)
	Reason code		__ __
	Read only if necessary		

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process Go to Q. 76 (p. 34)	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

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

(163-164)

Facility Code

— —

Read only if necessary

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

74. Did you receive the results of your last test? (165)

- a. Yes 1
- b. No Go to Q. 76 2
- Don't know/Not sure Go to Q. 76 7
- Refused Go to Q. 76 9

75. Did you receive counseling or talk with a health care professional about the results of your test? (166)

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

76. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (167)

Would you say: Please read

- a. Very effective 1
- b. Somewhat effective 2
- or
- c. Not at all effective 3
- Don't know how effective 4

Do not read these responses

- Don't know method 5
- Refused 9

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

77. Due to what you know about HIV, have you changed your sexual behavior in the last 12 months?	(168)
a. Yes	1
b. No Go to Closing Statement	2
Don't know/Not sure Go to Closing Statement	7
Refused Go to Closing Statement	9

78. Have you:

Please Read	Yes	No	Dk/Ns	Ref	
a. Had sexual intercourse with only one partner?	1	2	7	9	(169)
b. Used condoms for protection?	1	2	7	9	(170)
c. Been more careful in selecting sexual partners?	1	2	7	9	(171)

Module 4: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (213)

Probe for	a. Yes, chewing tobacco	1
chewing	b. Yes, snuff	2
tobacco,	c. Yes, both	3
snuff,	d. No, neither Go to Next Module	4
or both	Don't know/Not sure Go to Next Module	7
	Refused Go to Next Module	9

2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (214)

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

Module 5: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (215)
 - a. Yes 1
 - b. No Go to Q. 4 2
 - Don't know/Not sure Go to Q. 4 7
 - Refused Go to Q. 4 9

2. Were these symptoms present on most days for at least one month? (216)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

3. Are you now limited in any way in any activities because of joint symptoms? (217)
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4. Have you ever been told by a doctor that you have arthritis? (218)
 - a. Yes 1
 - b. No Go to Next Module 2

Don't know/Not sure	Go to Next Module	7
Refused	Go to Next Module	9

5. What type of arthritis did the doctor say you have? (219-220)

Read Only if Necessary

a.	Osteoarthritis/degenerative arthritis	0 1
b.	Rheumatism	0 2
c.	Rheumatoid Arthritis	0 3
d.	Lyme disease	0 4
e.	Other(specify)	0 7
f.	Never saw a doctor	8 8
	Don't know/Not sure	7 7
	Refused	9 9

6. Are you currently being treated by a doctor for arthritis? (221)

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

Module 7: Health Care Utilization

1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? (240)
 - a. Yes Go to Q. 3 1
 - b. More than one place 2
 - c. No Go to Q. 4 3
 - Don't know/Not sure Go to Next Module 7
 - Refused Go to Next Module 9

2. Is there one of these places that you go to most often when you are sick or need advice about your health? (241)
 - a. Yes 1
 - b. No Go to Next Module 2
 - Don't know/Not sure Go to Next Module 7
 - Refused Go to Next Module 9

3. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place? (242-243)
 - a. Doctor's office or private clinic
Go to Next Module 0 1
 - b. Company or school health clinic/center
Go to Next Module 0 2
 - c. Community/migrant/rural clinic/center
Go to Next Module 0 3
 - d. County/city/public hospital outpatient clinic
Go to Next Module 0 4

e.	Private/other hospital outpatient clinic Go to Next Module	0 5
f.	Hospital emergency room Go to Next Module	0 6
g.	HMO/prepaid group Go to Next Module	0 7
h.	Psychiatric hospital or clinic Go to Next Module	0 8
i.	VA hospital or clinic Go to Next Module	0 9
j.	Military health care facility Go to Next Module	1 0
k.	Some other kind of place Go to Next Module	1 1
	Don't know/Not sure Go to Next Module	7 7
	Refused Go to Next Module	9 9

4.	What is the main reason you do not have a usual source of medical care? (244-245)	
a.	Two or more usual places	0 1
b.	Have not needed a doctor	0 2
c.	Do not like/trust/believe in doctors	0 3
d.	Do not know where to go	0 4
e.	Previous doctor is not available/moved	0 5
f.	No insurance/cannot afford	0 6
g.	Speak a different language	0 7
h.	No place is available/close enough/convenient	0 8
i.	Other	0 9
	Don't know/Not sure	7 7
	Refused	9 9

5. How far do you have to travel to see the doctor or health care provider of your choice? (State-added question.) (331)

- | | |
|---------------------------------------|---|
| a. Less than 25 miles (0 to 24 miles) | 1 |
| b. 25 to 50 miles | 2 |
| c. More than 50 miles | 3 |
| Don't know / not sure | 7 |
| Refused | 9 |

6. How far do you have to travel to use the hospital of your choice? (State-added question) (332)

- | | |
|---------------------------------------|---|
| a. Less than 25 miles (0 to 24 miles) | 1 |
| b. 25 to 50 miles | 2 |
| c. More than 50 miles | 3 |
| Don't know / not sure | 7 |
| Refused | 9 |

h. Other	0 8
Don't know/Not sure	7 7
Refused	9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (249)

a. 5 or fewer	1
b. 6 or more but not all	2
c. All	3
d. None	8
Don't know/Not sure	7
Refused	9

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

(250)

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

5. Are you currently in need of any dental services such as fillings, dentures, partials, teeth pulled, caps, crowns, or root canal? (State-added question.) (333)

a. Yes, fillings, caps or crowns, or root canal	1
b. Yes, teeth pulled, dentures or partials	2
c. Yes, both	3
d. No	4
Don't know / not sure	7
Refused	9

Module 9: Preventive Counseling Services

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

1. Has a doctor or other health professional ever talked with you about your diet or eating habits? (251)

If yes, ask "About how long ago was it?"

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise? (252)

If yes, ask "About how long ago was it?"

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

3. (Has a doctor or other health professional ever talked with you about injury prevention, such as safety belt use, helmet use, or smoke detectors?) (253)

If yes, ask "About how long ago was it?"

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2

was it?"

c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

4. (Has a doctor or other health professional ever talked with you)
about drug abuse? (254)

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

5. (Has a doctor or other health professional ever talked with you)
about alcohol use? (255)

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

If "No" to core Q. 25 or "Not at all" to core Q. 26, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to
quit smoking? (256)

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms? (257)

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

State-added Module: Fire Safety

1. Which of the following best describes whether you have a smoke detector in your home? Is it: **Read answers**

- | | |
|---|---|
| a. I don't have a smoke detector | 1 |
| b. I have an installed and working smoke detector | 2 |
| c. I have a smoke detector, but it is not installed | 3 |
| d. I have smoke detector, but it is broken
or the battery is missing | 4 |
| e. I have a smoke detector, but I don't know if it works | 5 |
| Don't Know / not sure | 7 |
| Refused | 9 |

2. In the past 15 years, has there ever been a fire in your home which caused any smoke or burn damage to your home?

- | | |
|---|---|
| a. Yes | 1 |
| b. No (Go to next module) | 2 |
| Don't know/Not sure (Go to next module) | 7 |
| Refused (Go to next module) | 9 |

3. Did the fire result in any major or minor burns or injuries to the hands, fingers, or other parts of the body of yourself or another person?

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

4. What was the cause of the most recent fire in your home?
- a. Cooking 01
 - b. Smoking (cigarettes, cigars, pipes, etc.) 02
 - c. Heating unit 03
 - d. Chimney 04
 - e. Electrical/appliance 05
 - f. Arson 06
 - g. Children playing 07
 - h. Flammable materials 08
 - i. Other (specify:_____) 09
- Don't know / not sure 77
- Refused 99

State-Added Module: Flu Knowledge

1. During the past 12 months, have you gotten information about the flu or the benefits of getting a flu shot from the:

Please read:	Yes	No	Don't know	Refused
a. Radio	1	2	7	9
b. Television	1	2	7	9
c. Newspaper	1	2	7	9
d. Insurance company	1	2	7	9
Poster or flyer in:				
e. Library	1	2	7	9
f. Bus	1	2	7	9
g. Drugstore/pharm.	1	2	7	9
h. Civic organization	1	2	7	9
i. Church group	1	2	7	9
j. Your doctor/health clinic	1	2	7	9
k. Other (specify:_____)	1	2	7	9

2. Which of the following do you think the flu vaccine would help prevent?
Would it prevent:

Please read:	Yes	No	Don't know	Refused
a. An illness with symptoms of a runny nose and a stuffy head	1	2	7	9
b. An illness with symptoms of vomiting and diarrhea	1	2	7	9
c. An illness with symptoms of muscle aches, fever,				

headache, sore throat, 1 2 7 9
cough
State-Added Module: Disability

1. Are you limited in any way in any activities because of any impairment or health problem?

- a. Yes 1
- b. No (go to next module) 2
- Don't know / not sure (go to next module) 7
- Refused (go to next module) 9

2. What is the major impairment or health problem that limits your activities?

a. Arthritis/rheumatism	01
b. Spinal cord injury (quadriplegia, paraplegia)	02
c. Other back or neck injury	03
d. Fractures, bone/joint injury	04
e. Walking problem	05
f. Lung/breathing problem	06
g. Hearing problem	07
h. Eye/vision problem	08
i. Heart problem	09
j. Stroke problem	10
k. Hypertension/high blood pressure	11
l. Diabetes	12
m. Cancer	13
n. Depression/anxiety/emotional problem	14
o. Traumatic brain/head injury	15
p. Other impairment/problem	16
Don't Know	77
Refused	99

3. Do you now consider yourself to be a person with a disability?

a. Yes	1
b. No	2

Don't know/Not sure	7
Refused	9
4. Has a doctor or other health professional given you information about community or self-help resources that can help you manage your condition?	
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

State-Added Module: Quality of Life for Older Kansans

If the respondent is aged 64 or younger, go to the next module.

1. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

2. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

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

3. During the past 12 months, have you fallen?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No (go to Q5) | 2 |
| Don't know/Not sure (go to Q5) | 7 |
| Refused (go to Q5) | 9 |

4. During the past 12 months, have you had to see a doctor or nurse because you were injured when you fell?

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

5. During the past 5 years, have you been admitted to a hospital?

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

6. During the past 5 years, were you ever admitted to a nursing home?

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

7. During the past week, have you needed to change your clothes or bed sheets because you lost control of your bladder?

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

8. During the past week, have you needed to change your clothes or be sheets because you lost control of your bowels?

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

State-Added Module: Social Context

1. How long have you lived at your current address?
 - a. Less than 6 months 1
 - b. Less than 1 year (6 to <12 months) 2
 - c. Less than 2 years (1 to <2 years) 3
 - d. 2 or more years 4
 - Don't know/not sure 7
 - Refused 9

2. Do you rent or own your home?
 - a. Own 1
 - b. Rent 2
 - Don't know / not sure 7
 - Refused 9

3. What is the source of water you usually drink at home? Is it:
Please read:
 - a. City/town water supply 1
 - b. Private well 2
 - or c. Bottled water 3
 - d. Other 4
 - Don't know / not sure 7
 - Refused 9

State-Added Module: Violence and Crime

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

Please Read

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

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

Read Only if Necessary

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

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

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

Closing Statement

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

Activity List for Common Leisure Activities
Coding List A

Code Description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing,
sailing for pleasure or
camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing - in
competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or
boat
14. Gardening (spading, weeding,
digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking - cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game - deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating - ice or roller
34. Sledding, tobogganing

- 35. Snorkeling
- 36. Snowshoeing
- 37. Snow shoveling by hand
- 38. Snow blowing
- 39. Snow skiing
- 40. Soccer
- 41. Softball
- 42. Squash
- 43. Stair climbing
- 44. Stream fishing in waders
- 45. Surfing
- 46. Swimming laps
- 47. Table tennis
- 48. Tennis
- 49. Touch football
- 50. Volleyball
- 51. Walking
- 52. Waterskiing
- 53. Weight lifting
- 54. Other_____
- 55. Bicycling machine exercise
- 56. Rowing machine exercise

Coding List B

Lap Swimming

Size pool/Laps

50 ft. pool: 10 laps = .1 mile

100 ft. pool: 5 laps = .1 mile

50 meter pool: 3 laps = .1 mile

Running/Jogging/Walking

1/2 mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile