

1997 Behavioral Risk Factor Surveillance System Questionnaire

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

Is this _____ ?

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

Is this a private residence?

No Thank you very much, but
we are only interviewing
private residences.
Stop

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

If "1" Are you the adult?

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

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

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

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

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

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

If "you," go to page 3

To correct respondent Hello, I'm
_____calling _____ for the
_____I'm a member of a special research
team. We're doing a study of
_____residents regarding their health
practices and day-to-day living habits. You
have been randomly chosen to be included in
the study from among the adult members of

your household.

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

Section 1: Health Status

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

6. Do you have Medicare? (41)

Medicare is a coverage plan for people 65 or over and for certain disabled people a. Yes **Go to Q. 8 (p. 7)** 1

b. No 2

Don't know/not sure 7

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
	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

**Do not
read these
responses**

- 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 pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] 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

If "no" or
"Dk/Ns," probe

b. No 2

"Is there a
certain number
you are supposed
to call to find a
doctor to go to?"

Don't know/Not sure 7

Refused 9

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

Do not include
emergency care
or referral to
a specialist

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

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: Hypertension Awareness

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never **Go to Q. 17 (p. 11)** 8
- Refused 9

15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)

- a. Yes 1
- b. No **Go to Q. 17 (p. 11)** 2
- Don't know/Not sure **Go to Q. 17 (p. 11)** 7
- Refused **Go to Q. 17 (p. 11)** 9

16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)

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

Section 4: Cholesterol Awareness

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (55)
- a. Yes 1
 - b. No **Go to Q. 20 (p. 12)** 2
 - Don't know/Not sure **Go to Q. 20 (p. 12)** 7
 - Refused **Go to Q. 20 (p. 12)** 9
18. About how long has it been since you last had your blood cholesterol checked? (56)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure 7
 - Refused 9
19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (57)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 5: Diabetes

20. Have you ever been told by a doctor that you have diabetes?
(58)

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 6: Injury Control

21. How often do you use seatbelts when you drive or ride in a car? (59)

Would you say: **Please Read**

a.	Always	1
b.	Nearly Always	2
c.	Sometimes	3
d.	Seldom	4
	or	
e.	Never	5
Do not read these responses	Don't know/Not sure	7
	Never drive or ride in a car	8
	Refused	9

22. What is the age of the oldest child in your household under the age of 16? (60-61)

Code

<1 yr.

as "01"

a.	Code age in years	
b.	No children under age 16 Go to Q. 25 (p. 15)	8 8
	Don't know/Not sure Go to Q. 25 (p. 15)	7 7
	Refused Go to Q. 25 (p. 15)	9 9

23. How often does the [fill in age from Q. 22]-year-old child in your household use a... (62)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

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

**Do not
read these
responses**

If oldest child 5 years or older, continue with Q. 24. Otherwise, go to Q. 25 (p. 15).

24. During the past year, how often has the [fill in age from Q. 22]-year-old child worn a bicycle helmet when riding a bicycle? (63)

Would you say: **Please Read**

- | | | |
|----|-----------------------|---|
| a. | Always | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| | Don't know/Not sure | 7 |
| | Never rides a bicycle | 8 |

**Do not
read these
responses**

Refused

9

25. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (64)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 7: Tobacco Use

26. Have you smoked at least 100 cigarettes in your entire life?
(65)

**5 packs
= 100
ciga-
rettes**

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 31 (p. 18) | 2 |
| Don't know/Not sure Go to Q. 31 (p. 18) | 7 |
| Refused Go to Q. 31 (p. 18) | 9 |

27. Do you now smoke cigarettes everyday, some days, or not at all?
(66)

- | | |
|--|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 28a | 2 |
| c. Not at all Go to Q. 30 (p. 17) | 3 |
| Refused Go to Q. 31 (p. 18) | 9 |

28. On the average, about how many cigarettes a day do you now
smoke?

(67-68)

**1 pack
= 20
ciga-
rettes**

- | | |
|---|-----|
| Number of cigarettes Go to Q. 29 (p. 17) | |
| Don't know/Not sure Go to Q. 29 (p. 17) | 7 7 |
| Refused Go to Q. 29 (p. 17) | 9 9 |

28a. On the average, when you smoked during the past 30 days,
about how many cigarettes did you smoke a day? (69-70)

**1 pack
= 20
ciga-
rettes**

- | | |
|---|-----|
| Number of cigarettes Go to Q. 31 (p. 18) | |
| Don't know/Not sure Go to Q. 31 (p. 18) | 7 7 |
| Refused Go to Q. 31 (p. 18) | 9 9 |

29. During the past 12 months, have you quit smoking for 1 day or longer? (71)
- a. Yes **Go to Q. 31 (p. 18)** 1
 - b. No **Go to Q. 31 (p. 18)** 2
 - Don't know/Not sure **Go to Q. 31 (p. 18)** 7
 - Refused **Go to Q. 31 (p. 18)** 9
30. About how long has it been since you last smoked cigarettes regularly, that is, daily? (72-73)

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 8: Alcohol Consumption

31. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (74)
- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 36 (p. 20) | 2 |
| Don't know/Not sure Go to Q. 36 (p. 20) | 7 |
| Refused Go to Q. 36 (p. 20) | 9 |
32. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (75-77)
- | | |
|--|-------|
| a. Days per week | 1 |
| b. Days per month | 2 |
| Don't know/Not sure Go to Q. 34 | 7 7 7 |
| Refused Go to Q. 34 | 9 9 9 |
33. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (78-79)
- | | |
|---------------------|-----|
| Number of drinks | |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
34. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (80-81)
- | | |
|---------------------|-----|
| a. Number of times | |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

35. During the past month, how many times have you driven when you've had perhaps too much to drink? (82-83)

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Section 9: Demographics

36. What is your age? (84-85)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

37. What is your race? (86)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4
or

e. Other: (specify)_____ 5

Do not Don't know/Not sure 7

read these

responses Refused 9

38. Are you of Spanish or Hispanic origin? (87)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

39. Are you: (88)

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 |

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

Please Read

- | | | |
|----------------------|-----------------------------|--------|
| Code 1-9 | a. less than 5 years old? | — (89) |
| 7 = 7 or more | b. 5 through 12 years old? | — (90) |
| 8 = None | c. 13 through 17 years old? | — (91) |
| 9 = Refused | | |

41. What is the highest grade or year of school you completed? (92)

Read Only if Necessary

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

42. Are you currently: (93)

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 |

43. Is your annual household income from all sources: (94-95)

Read as Appropriate

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

responses Refused

9 9

	44. About how much do you weigh without shoes?	(96-98)
Round fractions up	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
	45. About how tall are you without shoes?	(99-101)
Round fractions down	Height	—/ ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
	46. What county do you live in?	(102-104)
	FIPS county code	
	Don't know/not sure	7 7 7
	Refused	9 9 9
	47. Do you have more than one telephone number in your household?	(105)
	a. Yes	1
	b. No Go to Q. 49	2
	Refused Go to Q. 49	9
	48. How many residential telephone numbers do you have?	(106)
Exclude ded- icated fax and computer lines	Total telephone numbers [8=8 or more]	
	Refused	9
	Now I have some questions about other health services you may have received.	
	49. Indicate sex of respondent. Ask Only if Necessary	(107)
	Male Go to Q. 61 (p. 28)	1

Female

2

Section 10: Women's Health

50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (108)
- a. Yes 1
 - b. No **Go to Q. 53 (p. 25)** 2
 - Don't know/Not sure **Go to Q. 53 (p. 25)** 7
 - Refused **Go to Q. 53 (p. 25)** 9
51. How long has it been since you had your last mammogram? (109)
- 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

52. 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? (110)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
53. 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? (111)
- a. Yes 1
 - b. No **Go to Q. 56 (p. 26)** 2
 - Don't know/Not sure **Go to Q. 56 (p. 26)** 7
 - Refused **Go to Q. 56 (p. 26)** 9
54. How long has it been since your last breast exam? (112)
- 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

55. 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? (113)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
56. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (114)
- 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 Pap smear? (115)
- 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 Pap smear done as part of a routine exam, or to check a current or previous problem? (116)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

59. Have you had a hysterectomy? (117)

- a. Yes **Go to Q. 61 (p. 28)** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

A hysterectomy is an operation to remove the uterus (womb)

If respondent 45 years old or older, go to Q. 61 (p. 28).

60. To your knowledge, are you now pregnant? (118)

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

Section 11: Immunization

61. During the past 12 months, have you had a flu shot?	(119)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
62. Have you ever had a pneumonia vaccination?	(120)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 12: Colorectal Cancer Screening

If respondent is 40 years or older, continue with Q. 63. Otherwise, go to Section 13: HIV/AIDS (p. 31).

63. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (121)

- a. Yes 1
- b. No **Go to Q. 65** 2
- Don't know/Not sure **Go to Q. 65** 7
- Refused **Go to Q. 65** 9

64. When did you have your last blood stool test using a home kit? (122)

Read Only if Necessary

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

65. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (123)

- a. Yes 1
- b. No **Go to Section 13: HIV/AIDS (p. 31)** 2

Don't know/Not sure **Go to Section 13: HIV/AIDS (p. 31)**

7

Refused **Go to Section 13: HIV/AIDS (p. 31)** 9

66. When did you have your last sigmoidoscopy or proctoscopy?
(124)

Read Only if Necessary

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

Section 13: 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?
(125-126)

**Code 01
thru 12**

a. Grade		
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?
(127)

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? (128)

- | | | |
|----------------|---|---|
| Would you say: | Please Read | |
| a. High | | 1 |
| b. Medium | | 2 |
| c. Low | | 3 |
| d. None | | 4 |
| | Not applicable Go to Q. 71 (p. 33) | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

**Do not
read these
responses**

70. Have you ever had your blood tested for HIV? (129)

- | | |
|-----------------------------------|---|
| a. Yes Go to Q. 71 (p. 33) | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

71a. Have you donated blood since March 1985? (130)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 76 (p. 35) | 2 |
| Don't know/Not sure Go to Q. 76 (p. 35) | 7 |
| Refused Go to Q. 76 (p. 35) | 9 |

72a. When did you last donate blood? (131-134)

- | | |
|--|-------|
| Code month and year Go to Q. 76 (p. 35) | — —/ |
| Don't know/Not sure Go to Q. 76 (p. 35) | 7 7 7 |
| Refused Go to Q. 76 (p. 35) | 9 9 9 |

7

9

71. When was your last blood test for HIV?	(135-138)
Code month and year	— —/
7 Don't know/Not sure	7 7 7
9 Refused	9 9 9

72. What was the main reason you had your last blood test for HIV?
(139-140)

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. 35)	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?

(141-142)

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? (143)
- 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? (144)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
76. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.
- Due to what you know about HIV, have you changed your sexual behavior in the last 12 months? (145)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
77. Did you make any of the following changes in the last 12 months?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. Did you decrease the number of your sexual partners or become abstinent? (146)	1	2	7	9
b. Do you now have sexual intercourse				

with only the same partner? 1 2 7 9
(147)

c. Do you now always use condoms for
protection? 1 2 7 9
(148)

Module 1: Diabetes

1. How old were you when you were told you have diabetes?
(149-150)

Code age in years [76=76 and older]

Don't know/Not sure 7 7

Refused 9 9

2. Are you now taking insulin? (151)

a. Yes 1

b. No **Go to Q. 4** 2

Refused **Go to Q. 4** 9

3. Currently, about how often do you use insulin? (152-154)

a. Times per day 1

b. Times per week 2

c. Use insulin pump 3 3 3

Don't know/Not sure 7 7 7

Refused 9 9 9

4. 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.

(155-157)

a. Times per day 1

b. Times per week 2

c. Times per month 3

d. Times per year	4		
e. Never	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9

5. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"? (158)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes? (159-160)
- a. Number of times
 - b. None **Go to Q. 9** 8 8
 - Don't know/Not sure **Go to Q. 9** 7 7
 - Refused **Go to Q. 9** 9 9

If "No," "Dk/Ns," or "Refused" to Q. 5, go to Q. 8.

7. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"? (161-162)
- a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9
8. About how many times in the last year has a health professional checked your feet for any sores or irritations? (163-164)
- a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

9. 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. (165)

Read Only if Necessary

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

I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

10. How much of the time does your vision limit you in recognizing people or objects across the street? (166)

Would you say: **Please Read**

- | | |
|-----------------------------|---|
| a. All of the time | 1 |
| b. Most of the time | 2 |
| c. Some of the time | 3 |
| d. A little bit of the time | 4 |
| or | |
| e. None of the time | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? (167)

Would you say: **Please Read**

- | | | |
|-------------------|--------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | Some of the time | 3 |
| d. | A little bit of the time | 4 |
| | or | |
| e. | None of the time | 5 |
| Do not | Don't know/Not sure | 7 |
| read these | | |
| responses | Refused | 9 |

12. How much of the time does your vision limit you in watching television? (168)

Would you say: **Please Read**

- | | | |
|-------------------|--------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | Some of the time | 3 |
| d. | A little bit of the time | 4 |
| | or | |
| e. | None of the time | 5 |
| Do not | Don't know/Not sure | 7 |
| read these | | |
| responses | Refused | 9 |

Module 3: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 5, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 7a or core Q. 7b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?
(179-180)
 - a. Lost job or changed employers
Go to Next Module 0 1
 - b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change]
Go to Next Module 0 2
 - c. Became divorced or separated **Go to Next
Module** 0 3
 - d. Spouse or parent died **Go to Next Module** 0 4
 - e. Became ineligible because of age or because
left school **Go to Next Module** 0 5
 - f. Employer doesn't offer or stopped offering
coverage **Go to Next Module** 0 6
 - g. Cut back to part time or became temporary
employee **Go to Next Module** 0 7
 - h. Benefits from employer or former employer ran
out **Go to Next Module** 0 8
 - i. Couldn't afford to pay the premiums
Go to Next Module 0 9
 - j. Insurance company refused coverage
Go to Next Module 1 0
 - k. Lost Medicaid or Medical Assistance eligibility
Go to Next Module 1 1
 - l. Other **Go to Next Module** 8 7
 - Don't know/Not sure **Go to Next Module** 7 7

Refused **Go to Next Module**

9 9

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 6, Q. 7a, or Q. 7b], do you have any other type of health care coverage?

(181)

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

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

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

3. During the past 12 months, was there any time that you did not have any health insurance or coverage? (182)

- | | |
|--|---|
| 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 |

4.	What was the main reason you were without health care coverage? (183-184)	
a.	Lost job or changed employers	0 1
b.	Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
c.	Became divorced or separated	0 3
d.	Spouse or parent died	0 4
e.	Became ineligible because of age or because left school	0 5
f.	Employer doesn't offer or stopped offering coverage	0 6
g.	Cut back to part time or became temporary employee	0 7
h.	Benefits from employer or former employer ran out	0 8
i.	Couldn't afford to pay the premiums	0 9
j.	Insurance company refused coverage	1 0
k.	Lost Medicaid or Medical Assistance eligibility	1 1
l.	Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

Module 9: Quality of Life

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

1. Are you limited in any way in any activities because of any impairment or health problem? (235)
 - a. Yes 1
 - b. No **Go to Q. 6** 2
 - Don't know/Not sure **Go to Q. 6** 7
 - Refused **Go to Q. 6** 9

2. What is the major impairment or health problem that limits your activities? (236-237)
 - a. Arthritis/rheumatism 0 1
 - b. Back or neck problem 0 2
 - c. Fractures, bone/joint injury 0 3
 - d. Walking problem 0 4
 - e. Lung/breathing problem 0 5
 - f. Hearing problem 0 6
 - g. Eye/vision problem 0 7
 - h. Heart problem 0 8
 - i. Stroke problem 0 9
 - j. Hypertension/high blood pressure 1 0
 - k. Diabetes 1 1
 - l. Cancer 1 2
 - m. Depression/anxiety/emotional problem 1 3
 - n. Other impairment/problem 1 4
 - Don't know/Not sure 7 7
 - Refused 9 9

3. For how long have your activities been limited because of your major impairment or health problem? (238-240)
- | | |
|---------------------|-------|
| a. Days | 1 |
| b. Weeks | 2 |
| c. Months | 3 |
| d. Years | 4 |
| Don't know/Not Sure | 7 7 7 |
| Refused | 9 9 9 |
4. 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? (241)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
5. 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? (242)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (243-244)
- | | | |
|---------------------|---|---|
| a. Number of days | | |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (245-246)
- | | | |
|---------------------|-------------|-------------|
| a. Number of days | <u> </u> | <u> </u> |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (247-248)
- | | | |
|---------------------|-------------|-------------|
| a. Number of days | <u> </u> | <u> </u> |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |
9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (249-250)
- | | | |
|---------------------|-------------|-------------|
| a. Number of days | <u> </u> | <u> </u> |
| b. None | 8 | 8 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

10. During the past 30 days, for about how many days have you felt very healthy and full of energy? (251-252)

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

Module 15: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

Would you say: **Please Read**

- | | |
|---|---|
| a. Extremely safe | 1 |
| b. Quite safe | 2 |
| c. Slightly safe | 3 |
| d. Not at all safe | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |
| | |
| 2. Do you own or rent your home? (321) | |
| a. Own | 1 |
| b. Rent | 2 |
| Refused | 9 |
| | |
| 3. How long have you lived at your current address? (322) | |
| Read Only if Necessary | |
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months) | 2 |
| c. Less than two years (1 to 2 years) | 3 |
| d. 2 or more years | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)
- a. 3 or more 1
 - b. 2 2
 - c. 1 3
 - d. None 4
 - Don't know/Not Sure 7
 - Refused 9
5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)
- a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

Module 16: Smokeless Tobacco Use

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (325)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to next module	4
	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? (326)

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

State-added Module 1: Disability

If the respondent answered "No", "Don't Know", or "Refused" to Quality of Life Module Q. 1 then go to the next module

1. Have you ever sustained a spinal cord injury?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

2. Have you ever had a head injury which caused you to lose consciousness or completely black out?
 - 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

3. Do you still experience problems as a result of a head injury?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4. 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

State-added Module 2: Preventive care

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

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

2. During the past ten years have you received a tetanus shot?

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

State-added Module 3: Women's Health

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

1. Have you ever done a self breast exam?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4 | 2 |
| Don't know/Not Sure Go to Q. 5 | 7 |
| Refused Go to Q. 5 | 9 |

2. How long as it been since you last did a self breast examination?

Read only if necessary

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

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

If Q. 56 is "No" then go to Q. 5.

If Q. 57 is coded 3, 4, or 5 then go to Q. 6

If Q. 57 is coded 1, 2, 7, or 9 then go to Q. 7.

5. What is the main reason why you have never had a pap smear test?

- | | | |
|---|------------|-----|
| a. Doctor did not suggest it/No referral | Go to Q. 7 | 0 1 |
| b. Don't need one/not necessary/no symptoms | Go to Q. 7 | 0 2 |
| c. Cost/No insurance/Can't afford | Go to Q. 7 | 0 3 |
| d. Hurts/Painful | Go to Q. 7 | 0 4 |
| e. Don't Know Where to Go | Go to Q. 7 | 0 5 |
| f. No time/Too busy | Go to Q. 7 | 0 6 |
| g. Fear of what it might find | Go to Q. 7 | 0 7 |
| h. Other _____ | Go to Q. 7 | 0 8 |
| i. No reason | Go to Q. 7 | 0 9 |
| Don't know/Not sure | Go to Q. 7 | 7 7 |
| Refused | Go to Q. 7 | 9 9 |

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

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

If respondent is aged 40 or older and Q. 50 is "No" then go to Q. 8

If respondent is aged 40 or older and Q. 51 is coded 3, 4, or 5 then go to Q. 9

If respondent is aged 40 or older and Q. 51 is coded 1, 2, 7, or 9 then go to Q. 10

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

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

State-added Module 4: Men's Health

If the respondent is female go to the Next module

If the respondent is a male aged 18-39 go to the Next Module

1. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you ever had this exam?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 3 | 2 |
| Don't know/Not Sure Go to Q. 3 | 7 |
| Refused Go to Q. 3 | 9 |

2. When did you have your last digital rectal exam?

Read Only if Necessary

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

3. A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have you ever had a PSA test?

- | | |
|--|---|
| 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 |

4. When did you have your last PSA test?

Read Only if Necessary

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

State Added Module 5: Cardiovascular Disease

Has a doctor ever told you that you had any of the following?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
1. Heart attack or myocardial infarction	1	2	7	9
2. Angina or coronary heart disease	1	2	7	9
3. Stroke	1	2	7	9
4. Heart failure	1	2	7	9

If "No", "Don't Know", "Refused" to Q. 1, Q. 2, Q. 3, and Q. 4 then go to the next module.

Have you ever had any of the following medical procedures?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
5. Heart bypass surgery	1	2	7	9
6. Angioplasty (balloon surgery)	1	2	7	9

State-added Module 6: Sexual Behavior

If respondent 50 years old or older, go to next module

1. During the past 12 months, with how many different people have you had sexual intercourse? (169-170)
 - a. Number (76 = 76 or more)
 - b. None **Go to Q. 5** 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

2. Was a condom used the last time you had sexual intercourse? (171)
 - 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

3. The last time you had sexual intercourse, was the condom used
...

(172)

Please Read

- | | | |
|----|--|---|
| a. | To prevent pregnancy | 1 |
| b. | To prevent diseases like syphilis, gonorrhoea,
and AIDS | 2 |
| c. | For both of these reasons
or | 3 |
| d. | For some other reason | 4 |

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

4. How many new sex partners did you have during the past 12
months?

(174-175)

A new sex partner is someone the respon- dent had sex with for the first time in the past 12 months	a. Number [76 = 76 or more]	
	b. None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

5. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used injectable drugs in the past year

You tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you? (176)

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

6. In the past five years, have you been treated for a sexually transmitted or venereal disease? (177)

- 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

7. Were you treated at a local health department? (178)

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

State-added Module 7: Health of Children

If Q. 40a, Q. 40b, and Q. 40c are all "None" then go to the Next Module.

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

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

a. Age

Don't Know/Not Sure 7 7

No Children Under Age 18 **Go to Next Module** 8 8

Refused 9 9

2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?

a. Daughter 0 1

b. Stepdaughter 0 2

c. Son 0 3

d. Stepson 0 4

e. Brother or Stepbrother 0 5

f. Sister or Stepsister 0 6

g. Grandson 0 7

h. Granddaughter 0 8

i. Other (specify)_____ 0 9

Don't Know/Not Sure 7 7

Refused 9 9

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

Please Read

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

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

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

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

Read only if necessary

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

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

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

Is it coverage through: **Please Read**

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

**Do not
read these
responses**

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

Coverage through: **Please Read**

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

11. Did anyone in this household get food stamps at any time during the last 12 months?

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

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

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

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

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

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

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

State-added Module 8: Skin Cancer

These last few questions deal with skin cancer.

1. Have you ever been told by a doctor that you have skin cancer?
- | | |
|--|---|
| 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 |

Have you had any of the following skin cancers?:

Please read

	Yes	No	DK	REF
2. Melanoma 9		1	2	7
3. Basal cell	1	2	7	9
4. Squamous cell	1	2	7	9
5. Some other type of skin cancer (Specify ____)	1	2	7	9

If Q. 2 is yes then go to Q. 6 else go to the closing statement.

6. How long ago was your melanoma skin cancer diagnosed?

Read Only if Necessary

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

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.