

1998 Kansas BRFSS Questionnaire

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: (35)

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? (36-37)

- | | | |
|---------------------|-------------|-------------|
| a. Number of days | <u> </u> | <u> </u> |
| 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? (38-39)

a. Number of days

b. None **If Q2 also "None," go to Q5 (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? (40-41)

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? (42)
- a. Yes 1
 - b. No **Go to Q7a (p. 7)** 2
 - Don't know/Not sure **Go to Q10 (p. 8)** 7
 - Refused **Go to Q10 (p. 8)** 9
6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)
- a. Yes **Go to Q10 (p. 8)** 1
 - b. No 2
 - Don't know/not sure 7
 - Refused 9

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

Is it coverage through: Coverage Code — —

Please Read

- | | | | |
|----|---|-------------------------|-----|
| a. | Your employer | Go to Q8 (p. 8) | 0 1 |
| b. | Someone else's employer | Go to Q8 (p. 8) | 0 2 |
| c. | A plan that you or someone else buys on your own | Go to Q8 (p. 8) | 0 3 |
| d. | Medicare | Go to Q10 (p. 8) | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q8 (p. 8) | 0 5 |
| f. | The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] | Go to Q8 (p. 8) | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | Go to Q8 (p. 8) | 0 7 |
| | or | | |
| h. | Some other source | Go to Q8 (p. 8) | 0 8 |
| | None | Go to Q9 (p. 8) | 8 8 |
| | Don't know/Not sure | Go to Q8 (p. 8) | 7 7 |
| | Refused | Go to Q8 (p. 8) | 9 9 |

**Do not
read these
responses**

7a. There are some types of coverage you may not have considered.
Please tell me if you have any of the following: (46-47)

Coverage through:	Coverage Code	— —
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 Go to Q10 (p. 8)	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, TriCare, 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 Q9 (p. 8)
	Don't know/Not sure Go to Q10 (p. 8)	7 7
	Refused Go to Q10 (p. 8)	9 9

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)

- a. Yes **Go to Q10** 1
- b. No **Go to Q10** 2
- Don't know/Not sure **Go to Q10** 7
- Refused **Go to Q10** 9

9. 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

10. 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

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

Read Only if Necessary

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition	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

12. 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.

13. 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 Q23 (p. 14)** 2
- Don't know/Not sure **Go to Q23 (p. 14)** 7
- Refused **Go to Q23 (p. 14)** 9

14. 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 Q18 (p. 12)** 9 9

Ask Q15 only if answer to Q14 is running, jogging, walking, or swimming. All others, go to Q16.

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

See coding list B if response is not in miles and tenths

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

16. 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

17. 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	

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

a. Yes	1
b. No Go to Q23 (p. 14)	2
Don't know/Not sure Go to Q23 (p. 14)	7
Refused Go to Q23 (p. 14)	9

19. 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 Q23 (p. 14)	9	9
----------------------------------	---	---

Ask Q20 only if answer to Q19 is running, jogging, walking, or swimming. All others go to Q21 (p. 13).

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

See coding list B if response is not in

Miles and tenths	___	___	___
Don't know/Not sure	7	7	7

miles and
tenths

Refused

9 9 9

21. 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

22. 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

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

**5 packs
= 100
cigarettes**

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q28 (p. 16) | 2 |
| Don't know/Not sure Go to Q28 (p. 16) | 7 |
| Refused Go to Q28 (p. 16) | 9 |

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

- | | |
|--|---|
| a. Everyday | 1 |
| b. Some days Go to Q25a | 2 |
| c. Not at all Go to Q27 (p. 15) | 3 |
| Refused Go to Q28 (p. 16) | 9 |

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

**1 pack = 20
cigarettes**

- | | |
|--|-----|
| Number of cigarettes [76 = 76 or more]
Go to Q26 (p. 15) | |
| Don't know/Not sure Go to Q26 (p. 15) | 7 7 |
| Refused Go to Q26 (p. 15) | 9 9 |

25a. 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
cigarettes**

- | | |
|--|--|
| Number of cigarettes [76 = 76 or more]
Go to Q28 (p. 16) | |
|--|--|

Don't know/Not sure	Go to Q28 (p. 16)	7	7
Refused	Go to Q28 (p. 16)	9	9

28. Have you ever smoked a cigar, even just a few puffs? (86)

cigar =	a. Yes	1
large cigar		
cigarillo,	b. No	Go to Section 6: Fruits and Vegetables
or small cigar		(p. 18)
		2
	Don't know/Not sure	Go to Section 6: Fruits and Vegetables
		(p. 18)
		7
	Refused	Go to Section 6: Fruits and Vegetables
		(p. 18)
		9

29. When was the last time you smoked a cigar? (87-88)

Time code — —

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)	
	Go to Section 6: Fruits and Vegetables	
	(p. 18)	0 2
c.	Within the past 6 months (3 to 6 months ago)	
	Go to Section 6: Fruits and Vegetables	
	(p. 18)	0 3
d.	Within the past year (6 to 12 months ago)	
	Go to Section 6: Fruits and Vegetables	
	(p. 18)	0 4
e.	Within the past 5 years (1-5 years ago)	
	Go to Section 6: Fruits and Vegetables	
	(p. 18)	0 5
f.	Within the past 15 years (5-15 years ago)	
	Go to Section 6: Fruits and Vegetables	
	(p. 18)	0 6
g.	15 or more years ago	
	Go to Section 6: Fruits and Vegetables	
	(p. 18)	0 7

Don't know/not sure **Go to Section 6: Fruits
and Vegetables (p. 18)** 7 7

Refused **Go to Section 6: Fruits and Vegetables
(p. 18)** 9 9

30. In the past month, did you smoke cigars: (89)

Please Read

- | | | |
|----|-------------------------|---|
| a. | Everyday | 1 |
| b. | Several times per week | 2 |
| c. | Once per week | 3 |
| | or | |
| d. | Less than once per week | 4 |

**Do not
read these
responses**

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

Section 6: Fruits and Vegetables

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.

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- | | | | |
|---------------------|---|---|---|
| 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. Not counting juice, how often do you eat fruit? (93-95)

- | | | | |
|---------------------|---|---|---|
| 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 green salad?	(96-98)			
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 potatoes not including french fries, fried potatoes, or potato chips?	(99-101)			
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. How often do you eat carrots?	(102-104)			
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

36. Not counting carrots, potatoes, or salad, how many servings of
vegetables do you usually eat? (105-107)

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

Section 7: Weight Control

	37. Are you now trying to lose weight?	(108)
	a. Yes Go to Q39	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
	38. Are you now trying to maintain your current weight, that is to keep from gaining weight?	(109)
	a. Yes	1
	b. No Go to Q41 (p. 22)	2
	Don't know/Not sure Go to Q41 (p. 22)	7
	Refused Go to Q41 (p. 22)	9
	39. Are you eating either fewer calories or less fat to... lose weight? [if "Yes" on Q37]	
	keep from gaining weight? [if "Yes" on Q38]	(110)
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

40. Are you using physical activity or exercise to...
 lose weight? [if "Yes" on Q37]
 keep from gaining weight? [if "Yes" on Q38] (111)

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

41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (112)

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

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications. (113)

**Include only
pills taken
for the pri-
mary purpose
of losing
weight**

Probe for which	a. Yes, I am currently taking them	1
	b. Yes, I have taken them but I am not currently	

taking them	2
c. No, I have not taken them Go to Q44 (p. 24)	3
Don't know/Not sure Go to Q44 (p. 24)	7
Refused Go to Q44 (p. 24)	9

43. How much did you weigh just before you started taking
prescription weight loss pills for the first time? (114-116)

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

Section 8: Demographics

44. What is your age? (117-118)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

45. What is your race? (119)

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 Don't know/Not sure 7

read these

responses Refused 9

46. Are you of Spanish or Hispanic origin? (120)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

47. Are you: (121)

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 |

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

Please Read

- | | | |
|----------------------|-----------------------------|-----------|
| Code 1-9 | a. less than 5 years old? | ___ (122) |
| 7 = 7 or more | | |
| 8 = None | b. 5 through 12 years old? | ___ (123) |
| 9 = Refused | | |
| | c. 13 through 17 years old? | ___ (124) |

49. What is the highest grade or year of school you completed? (125)

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

50. Are you currently: (126)

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 |

51. Is your annual household income from all sources: (127-128)

Read as Appropriate

- | | | |
|--|---|-----|
| If respondent 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	Don't know/Not sure	7 7
read these		
responses	Refused	9 9

52. About how much do you weigh without shoes? (129-131)

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

53. How much would you like to weigh? (132-134)

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

54. About how tall are you without shoes? (135-137)

Round fractions down	Height	___/ ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

55. What county do you live in? (138-140)

FIPS county code	
Don't know/not sure	7 7 7
Refused	9 9 9

56. Do you have more than one telephone number in your household?
(141)

a. Yes	1
b. No Go to Q58 (p. 28)	2

Refused Go to Q58 (p. 28)

9

57. How many residential telephone numbers do you have? (142)

Exclude dedicated fax and computer lines

Total telephone numbers [**8 = 8 or more**]

Refused 9

58. Indicate sex of respondent. **Ask Only if Necessary** (143)

Male **Go to Section 10: HIV/AIDS (p. 33)** 1

Female 2

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

Section 9: Women's Health

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (144)

- a. Yes 1
- b. No **Go to Q62 (p. 30)** 2
- Don't know/Not sure **Go to Q62 (p. 30)** 7
- Refused **Go to Q62 (p. 30)** 9

60. How long has it been since you had your last mammogram? (145)

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 mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (146)
- 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 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? (147)
- a. Yes 1
 - b. No **Go to Q65 (p. 31)** 2
 - Don't know/Not sure **Go to Q65 (p. 31)** 7
 - Refused **Go to Q65 (p. 31)** 9
63. How long has it been since your last breast exam? (148)
- 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 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? (149)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (150)
- a. Yes 1
 - b. No **Go to Q68 (p. 32)** 2
 - Don't know/Not sure **Go to Q68 (p. 32)** 7
 - Refused **Go to Q68 (p. 32)** 9
66. How long has it been since you had your last Pap smear? (151)
- 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

67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)

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

68. Have you had a hysterectomy? (153)

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

- a. Yes **Go to Section 10: HIV/AIDS (p. 33)** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 33).

69. To your knowledge, are you now pregnant? (154)

- 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 Next Module.

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.

70. 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?

(155-156)

**Code 01
through 12**

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

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

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

72. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
	or	
d. None		4
	Not applicable Go to Q76a (p. 35)	5
	Don't know/Not sure	7
	Refused	9

**Do not
read these
responses**

73. Have you donated blood since March 1985? (159)

a. Yes		1
b. No	Go to Q75a (p. 35)	2
	Don't know/Not sure Go to Q75a (p. 35)	7
	Refused Go to Q75a (p. 35)	9

74. Have you donated blood in the past 12 months? (160)

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

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (161)

Include	a. Yes Go to Q76 (p. 35)	1
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saliva tests	b. No	Go to Next Module	2
		Don't know/Not sure	Go to Next Module 7
		Refused	Go to Next Module 9
75a.	Have you ever been tested for HIV?		(162)
Include saliva tests	a. Yes	Go to Q76a	1
	b. No	Go to Next Module	2
		Don't know/Not sure	Go to Next Module 7
		Refused	Go to Next Module 9
	76. Not including your blood donations, have you been tested for HIV in the past 12 months		(163)
Include saliva tests	a. Yes	Go to Q77 (p. 36)	1
	b. No	Go to Next Module	2
		Don't know/Not sure	Go to Next Module 7
		Refused	Go to Next Module 9
	76a. Have you been tested for HIV in the past 12 months?		(164)
Include saliva tests	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

77. What was the main reason you had your last test for HIV?
(165-166)

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 Closing Statement	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

78. Where did you have your last test for HIV? (167-168)

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

79. Did you receive the results of your last test?	(169)
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
80. Did you receive counseling or talk with a health care professional about the results of your test?	(170)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Module 1: Diabetes

**If respondent did not answer "Yes" to Section 3, Q.12 then
Go to Next Module**

1. How old were you when you were told you have diabetes?
(171-172)

Code age in years	[76 = 76 and older]		
Don't know/Not sure		7	7
Refused		9	9

2. Are you now taking insulin? (173)

a. Yes		1
b. No Go to Q4		2
Refused Go to Q4		9

3. Currently, about how often do you use insulin? (174-176)

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. (177-179)

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"? (180)
- 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? (181-182)
- a. Number of times
 - b. None **Go to Q9** 8 8
 - Don't know/Not sure **Go to Q9** 7 7
 - Refused **Go to Q9** 9 9

If "No," "Dk/Ns," or "Refused" to Q5, go to Q8.

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"? (183-184)
- 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? (185-186)
- 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. (187)

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? (188)

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

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? (189)

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? (190)

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: Family Planning

If respondent is male or age 45 years old or older, go to next module

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q69), go to Q2a.

- | | | |
|--------------------|---|-------|
| 1. | Have you been pregnant in the last 5 years? | (205) |
| | a. Yes | 1 |
| | b. No Go to Q3 | 2 |
| | Don't know/Not sure Go to Q3 | 7 |
| | Refused Go to Q3 | 9 |
| 2. | Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? | (206) |
| | Would you say: Please Read | |
| | a. You wanted to be pregnant sooner Go to Q3 | 1 |
| | b. You wanted to be pregnant later Go to Q3 | 2 |
| | c. You wanted to be pregnant then Go to Q3 | 3 |
| | d. You didn't want to be pregnant then or at anytime in the future Go to Q3 | 4 |
| | e. You don't know Go to Q3 | 7 |
| Do not read | Refused Go to Q3 | 9 |

2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (207)

Would you say: **Please Read**

- | | | |
|--------------------|--|---|
| a. | You wanted to be pregnant sooner | 1 |
| b. | You wanted to be pregnant later | 2 |
| c. | You wanted to be pregnant then | 3 |
| d. | You didn't want to be pregnant then or at any time in the future | 4 |
| e. | You don't know | 7 |
| Do not read | Refused | 9 |

If respondent had hysterectomy ("Yes" to core Q68) or is pregnant now ("Yes" to core Q69), go to Q6.

If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.

3. Are you or your [**fill in (husband/partner) from core Q47**] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (208)

- | | | |
|----|-------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q5 | 2 |
| c. | Not sexually active Go to Q6 | 3 |
| | Don't know/Not sure Go to Q6 | 7 |
| | Refused Go to Q6 | 9 |

4. What kinds of birth control are you or your **[fill in (husband/partner) from core Q47]** using now? (209-210)

Kind Code

Read Only if Necessary

- | | | | |
|----|----------------------------|-----------------|-----|
| a. | Tubes tied (sterilization) | Go to Q6 | 0 1 |
| b. | Vasectomy (sterilization) | Go to Q6 | 0 2 |
| c. | Pill | Go to Q6 | 0 3 |
| d. | Condoms | Go to Q6 | 0 4 |
| e. | Foam, jelly, cream | Go to Q6 | 0 5 |
| f. | Diaphragm | Go to Q6 | 0 6 |
| g. | Norplant | Go to Q6 | 0 7 |
| h. | Shots (Depo-Provera) | Go to Q6 | 0 8 |
| i. | Withdrawal | Go to Q6 | 0 9 |
| j. | Other (specify: _____) | Go to Q6 | 8 7 |
| | Don't know/Not sure | Go to Q6 | 7 7 |
| | Refused | Go to Q6 | 9 9 |

If more than one, code other and specify each method code

5. What are your reasons for not using any birth control now?
(211-212)

Reason Code

Read Only if Necessary

If more than one, code other and specify each method code	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don't want to use birth control	0 3
	d. My husband or partner doesn't want to use birth control	0 4
	e. I don't think I can get pregnant	0 5
	f. I can't pay for birth control	0 6
	g. Other (specify: _____)	8 7
	h. Don't know/Not sure	7 7
	i. Refused	9 9

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

(213)

Would you say: **Please Read**

a. A family planning clinic [Example: a Planned Parenthood clinic] Go to Q8	1
b. A health department clinic	2
c. A community health center	3
d. A private gynecologist	4
e. A general or family physician	5

	or	
	f. Some other kind of place	8
Do not read these responses	Don't know/not sure	7
	Refused	9
	7. Have you ever used the services at a family planning clinic? (214)	
Example: a Planned Parenthood clinic	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
	8. How long has it been since you used the services at a family planning clinic? (215)	
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

State-added Module 1: Disability

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

1. How often do you get the social and emotional support you need?

Would you say: **Please Read**

- | | |
|---------------------|---|
| a. Always | 1 |
| b. Usually | 2 |
| c. Sometimes | 3 |
| d. Rarely | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

2. In general, how satisfied are you with your life?

Would you say: **Please Read**

- | | |
|----------------------|---|
| a. Very Satisfied | 1 |
| b. Satisfied | 2 |
| c. Dissatisfied | 3 |
| or | |
| d. Very Dissatisfied | 4 |
| Don't Know/Not sure | 7 |
| Refused | 9 |

3. Are you limited in the kind or amount of work you can do because of any impairment or health problem?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
4. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
5. If you use special equipment or help from others to get around, what type do you use?

Code up to three responses
Code 99 if there is not additional help needed
for 2nd and 3rd response

- | | | |
|--|------------|-----|
| a. __ __ | b. __ __ | c. |
| a. No special equipment or help used Go to Q. 7 | | 0 1 |
| b. Other people | | 0 2 |
| c. Cane or walking stick | | 0 3 |
| d. Walker | | 0 4 |
| e. Crutch or crutches | | 0 5 |
| f. Manual Wheelchair | | 0 6 |
| g. Motorized Wheelchair | | 0 7 |
| h. Electric mobility scooter | | 0 8 |
| i. Artificial leg | | 0 9 |
| j. Brace | | 1 0 |

k.	Service animal [i.e., guide dog or other animal specifically trained to provide assistance]	1	1
l.	Oxygen/Special breathing equipment	1	2
m.	Other (Specify: _____)	1	3
	Don't know/Not sure	7	7
	Refused	9	9

6. Using special equipment or help, what is the farthest distance that you can go? Would you say:

Please Read

- | | |
|--|---|
| a. Across a small room | 1 |
| b. About the length of a typical house | 2 |
| c. About one to two city blocks | 3 |
| d. About one mile | 4 |
| e. More than one mile | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. What is farthest distance that you can walk by yourself, without any special equipment or help from others? Would you say:

Please Read

- | | |
|--|---|
| a. Unable to walk | 1 |
| b. Across a small room | 2 |
| c. About the length of a typical house | 3 |
| d. About one or two city blocks | 4 |
| e. About one mile | 5 |
| f. More than one mile | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 16: 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? (301)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If Disability Q3, Q4, Q5 or Quality of life Q1 are answer 1 then skip to Q. 2 else go to Q. 6 (p. 55)

2. What is the major impairment or health problem that limits your activities? (302-303)

Reason Code

Read Only if Necessary

- | | |
|---|-----|
| 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? (304-306)
- | | |
|---------------------|-------|
| 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? (307)
- | | |
|---------------------|---|
| 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? (308)
- | | |
|---------------------|---|
| 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? (309-310)
- | | | |
|---------------------|---|---|
| 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? (311-312)
- | | | |
|---------------------|---|---|
| a. Number of days | | |
| 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? (313-314)
- | | | |
|---------------------|---|---|
| a. Number of days | | |
| 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? (315-316)
- | | | |
|---------------------|---|---|
| a. Number of days | | |
| 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? (317-318)

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

State-added Module 1: Disability (con't)

8. Is there anyone/anyone else in your household who is limited 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 |

9. How old are these people?

Code 99 if nobody else in the household is limited

- a. Specify age:
- b. Specify age:
- c. Specify age:
- d. Specify age:
- e. Specify age:

State-added Module 2: Injury

1. During the past year, have you suffered an injury serious enough to keep you from doing your regular activities for at least one day?

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

For these next few questions, if you have suffered more than one injury within the last year, please respond for the most serious injury you suffered during the past year.

2. Did your injury occur while you were at work?

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

3. Where did your injury occur?

- | | | |
|----------------------------|---|---|
| a. Home | 0 | 1 |
| b. Farm/Ranch | 0 | 2 |
| c. Public building | 0 | 3 |
| d. Industrial place | 0 | 4 |
| e. Street/highway/road | 0 | 5 |
| f. Mine/Quarry | 0 | 6 |
| g. Recreational place | 0 | 7 |
| h. Residential institution | 0 | 8 |
| i. Other (specify: _____) | 0 | 9 |
| Don't Know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

4. What was the main cause of your injury?
- | | |
|---------------------------------|-----|
| a. Fall | 0 1 |
| b. Fire/burn | 0 2 |
| c. Cut/pierce | 0 3 |
| d. Firearm | 0 4 |
| e. Machinery | 0 5 |
| f. Motor vehicle crash | 0 6 |
| g. Other form of transportation | 0 7 |
| h. Poisoning | 0 8 |
| i. Suffocation | 0 9 |
| j. Overexertion | 1 0 |
| k. Fight/Physical assault | 1 1 |
| l. Other (Specify: _____) | 1 2 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
5. Was your injury inflicted on purpose by yourself or someone else?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

6. Did you receive treatment from a health professional for your injury?

- | | |
|--|---|
| 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. Where did you receive treatment for your injury?

Was it an: **Please Read**

- | | |
|---|---|
| a. Emergency room or urgent care center | 1 |
| b. Hospital | 2 |
| c. Doctor's Office or HMO | 3 |
| d. Health clinic or walk-in center | 4 |
| e. Dentist or dental clinic | 5 |
| or | |
| f. Some other place | 6 |
| Don't Know/Not sure | 7 |
| Refused | 9 |

State-added Module 3: Asthma

1. Have you ever been told by a doctor that you have asthma?
 - 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. Do you currently have asthma?
 - 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. During the past 30 days, for about how many days did your asthma limit you in your usual activities, such as self-care, work, or recreation?
 - a. Number of days
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

4. Have you taken any medications for asthma during the past twelve months?
 - a. Yes 1
 - b. No **Go to Q. 7** 2
 - Don't know/Not Sure **Go to Q. 7** 7

Refused **Go to Q. 7**

9

5. During the past 12 months have you taken predisone or another steroid as a pill, capsule, or injection to help control your asthma? This does not include inhaled steroids.
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
6. Has a doctor ever counseled you about how to make changes in your medication to control your asthma?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
7. During the past 12 months have you visited a hospital emergency room or urgent care center because of difficulty breathing?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
8. A peak flow meter is a hand held device used to measure how well a person is breathing. Have you been instructed in the use of a peak flow meter?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |

Refused

9

9. Does anyone, including household members or guests, smoke inside your home?

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

10. Has a doctor ever counseled you about not permitting anyone to smoke in your home?

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

State-added Module 4: Passive Smoke Exposure

1. Including yourself, how many persons in your household are current cigarette smokers?
 - a. Number of current smokers (**6 = 6 or more**)
 - b. None **Go to Q. 3** 8
 - Don't know/Not Sure **Go to Q. 3** 7
 - Refused **Go to Go to Q. 3** 9

2. How many smoke inside the home?
 - a. Number of smokers who smoke inside (**6 = 6 or more**)
 - b. None 8
 - Don't know/Not Sure 7
 - Refused 9

3. Do you work outside the 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

4. Which of the following best describes the policy about smoking at your work place?
 - a. No smoking allowed inside 1
 - b. Smoking restricted to a few designated areas 2
 - c. Smoking allowed in most places except where posted 3

d. No policy regarding smoking	4
Don't know/Not sure	7
Refused	9

State-added Module 5: Children's Lead Exposure

If no children aged 0-4 live in the household Skip to Next Module

1. Do you live in a residence built before 1950?
 - a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

2. Does your residence have peeling or chipping paint, or has it undergone any remodeling within the past 6 months?
 - a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

3. Do any of the children under age 5 in your household regularly visit a residence built before 1978?
 - a. Yes 1
 - b. No **Skip to Q. 5** 2
 - Don't know/Not Sure **Skip to Q. 5** 7
 - Refused **Skip to Q. 5** 9

4. Does that residence have peeling or chipping paint, or has it undergone any remodeling within the past 6 months?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
5. Has any health care provider ever talked to you about childhood lead poisoning?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
6. Have any of the children in your household ever been tested for lead poisoning?
- | | |
|--|---|
| 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. Where was the lead testing done?
- a. Doctor's office or HMO 1
 - b. Health department 2
 - c. A clinic or health center 3
 - d. Hospital 4
 - e. Emergency room or urgent care center 5
 - f. Some other kind of place (other:_____) 6
 - Don't know/Not sure 7
 - Refused 9
8. Were the results of the test normal?
- a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

State-Added Module 6: Dental Sealants

These next few questions deal with the health of children.

If no children aged 5 to 17 live in the household go to Next Module

1. How many of the children in your household are aged 7 to 17?

a. Number

b. None **Go to Next Module** 8 8

Don't know/Not Sure **Go to Next Module** 7 7

Refused **Go to Next Module** 9 9

2. Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or dental hygienist. They are different from fillings, caps, crowns, and flouride treatments. How many of the children aged 7 to 17 living in your household, ever had dental sealants placed on their teeth?

a. Number

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

State-Added Module 7: Chickenpox

If no children aged 0 to 4 live in the household go to Next Module

1. How many of the children ages 0 to 4, living in your household have ever had chickenpox?

a. Number

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

2. The varicella vaccine is a vaccine given to children to prevent chickenpox. How many of the children ages 1 to 4, living in your household have had the varicella vaccine (or chickenpox vaccine)?

a. Number

b. None 8 8

Don't know/Not Sure 7 7

Refused 9 9

State-added Module 8: Folic Acid

1. Some health experts recommend that women take 400 micrograms of the vitamin folic acid, for which of the following reasons...

Please Read

- | | |
|-----------------------------------|---|
| a. To make strong bones | 1 |
| b. To prevent birth defects | 2 |
| c. To prevent high blood pressure | 3 |
| or | |
| d. Some other reason | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent is answers "To prevent birth defects" go to Q. 2. If the respondent is male gives any response but "To prevent birth defects" then skip to the Next Module. If the respondent is female gives gives any response but "To prevent birth defects" then skip to Q. 3.

2. When is it most important that a woman take the vitamin folic acid?

Would you say:

Please Read

- | | |
|---------------------|---|
| a. Before pregnancy | 1 |
| b. During pregnancy | 2 |
| or | |
| c. After pregnancy | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent is male or aged 45 or older, Go to Next Module

3. Are you currently taking 400 mg of the vitamin folic acid each day?

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

State-added Module 9: Male Family Planning

If respondent is female or aged 45 or older, go to next module.

1. Are you or your **[fill in (wife/partner) from core Q47]** using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| c. Not sexually active Go to Next Module | 3 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

2. What kinds of birth control are you or your **[fill in (wife/partner) from core Q47]** using now?

Kind Code

Read Only if Necessary

- | | |
|-------------------------------|-----|
| a. Tubes tied (sterilization) | 0 1 |
| b. Vasectomy (sterilization) | 0 2 |
| c. Pill | 0 3 |
| d. Condoms | 0 4 |
| e. Foam, jelly, cream | 0 5 |
| f. Diaphragm | 0 6 |
| g. Norplant | 0 7 |
| h. Shots (Depo-Provera) | 0 8 |
| i. Withdrawal | 0 9 |

If more than one, code other and specify each method code

j. Other (specify: _____)	8 7
Don't know/Not sure	7 7
Refused	9 9

State-added Module 10: Lack of Health Care Coverage

If not known whether respondent has health care coverage ("Dk/Ns" or "Refused" to core Q5), go to next module. If respondent has no health care coverage ("None" to core Q7 or Q7a), Ask Q.1. If respondent did not have coverage at some time during past 12 months ("Yes" to core Q8), go to Q.2. Else, go to next module.

I asked you previously about your health care coverage.

1. What is the main reason you are without health care coverage?

Reason Code

Read Only if Necessary

- | | | |
|----|---|-----|
| 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
1.	Other Go to Next Module	1 2
	Don't know/Not sure Go to Next Module	7 7
	Refused Go to Next Module	9 9

I asked you previously about your health care coverage.

2. What was the main reason you were without health care coverage during the past 12 months? (222-223)

Reason Code

Read Only if Necessary

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

State-Added Module 11: Hand Washing

The last few questions deal with hand washing.

1. To the following questions please answer very important, somewhat important, or not important. How important is it that a person wash their hands:

	VI	SI	NI	DK	REF
a. After using the toilet?	1	2	3	7	9
b. After handling raw meat?	1	2	3	7	9
c. After working outdoors?	1	2	3	7	9
d. Before eating?	1	2	3	7	9
e. After reading the newspaper?	1	2	3	7	9
f. Before preparing food?	1	2	3	7	9

2. After using the toilet, how often do you wash your hands with soap and water?

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
Refused	9

If the respondent has no children between the ages of 5 and 17 then
Go to Q.4

3. After the oldest child in your household, between the ages of 5 and 17, uses the toilet, how often do they wash their hands with soap and water?

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 |
| Refused | 9 |

4. Besides meals prepared for yourself and your family, do you prepare or handle food to be eaten by other persons on a regular basis?

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

5. During the past three months, have you had diarrhea with at least three loose stools in a single day?

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

Closing Statement: That was my last question. All answers will be combined to give us more information about the health practices of Kansans. Thank you for your time and cooperation.