

1999 Behavioral Risk Factor Surveillance System Questionnaire  
**Final Draft December 22, 1998**

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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**

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

**Please Read**

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

**Do not  
read these  
responses**

1.2. 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? ( )

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

1.3. 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? ( )

- a. Number of days
- b. None **If Q1.2 also "None," go to Q2.1 (p. 5)** 8 8
- Don't know/Not sure 7 7
- Refused 9 9

1.4. 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? ( )

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

## Section 2: Health Care Access

- 2.1. Do you 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 Q2.3a (p. 7)** 2
  - Don't know/Not sure **Go to Q2.6 (p. 8)** 7
  - Refused **Go to Q2.6 (p. 8)** 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? ( )
- a. Yes **Go to Q2.6 (p. 8)** 1
  - b. No 2
  - Don't know/not sure 7
  - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care? ( )

Is it coverage through: Coverage Code \_\_\_ \_\_

**Please Read**

- |    |   |                   |     |
|----|---|-------------------|-----|
| a. | Your employer   | Go to Q2.4 (p. 8) | 0 1 |
| b. | Someone else's employer   | Go to Q2.4 (p. 8) | 0 2 |
| c. | A plan that you or someone else buys on your own                  | Go to Q2.4 (p. 8) | 0 3 |
| d. | Medicare  | Go to Q2.6 (p. 8) | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q2.4 (p. 8) | 0 5 |
| f. | The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]           | Go to Q2.4 (p. 8) | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service]   | Go to Q2.4 (p. 8) | 0 7 |
|    | <b>or</b>   |                   |     |
| h. | Some other source   | Go to Q2.4 (p. 8) | 0 8 |
|    | None  | Go to Q2.5 (p. 8) | 8 8 |
|    | Don't know/Not sure   | Go to Q2.4 (p. 8) | 7 7 |
|    | Refused   | Go to Q2.4 (p. 8) | 9 9 |

**Do not  
read these  
responses**



2.3a. There are some types of coverage you may not have considered.  
Please tell me if you have any of the following: ( )

Coverage through:	Coverage Code	__ __
<b>Please Read</b>		
<b>If more than one, ask "Which type do you use to pay for most of your medical care?"</b>	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 <b>Go to Q2.6 (p. 8)</b>	0 4
	e. Medicaid or Medical Assistance [ <b>or substitute state program name</b> ]	0 5
	f. The military, CHAMPUS, TriCare, or the VA [ <b>or CHAMP-VA</b> ]	0 6
	g. The Indian Health Service [ <b>or the Alaska Native Health Service</b> ] <b>or</b>	0 7
	h. Some other source	0 8
	<b>Do not read these responses</b>	None <b>Go to Q2.5 (p. 8)</b>
Don't know/Not sure <b>Go to Q2.6 (p. 8)</b>		7 7
Refused <b>Go to Q2.6 (p. 8)</b>		9 9

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

- a. Yes **Go to Q2.6** 1
- b. No **Go to Q2.6** 2
- Don't know/Not sure **Go to Q2.6** 7
- Refused **Go to Q2.6** 9

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

**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

2.6. Was there a time during the last 12 months when you 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

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

**Read Only if Necessary**

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

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

**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 Q4.1 (p. 11)** 8
- Refused 9

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

- a. Yes 1
- b. No **Go to Q4.1 (p. 11)** 2
- Don't know/Not sure **Go to Q4.1 (p. 11)** 7
- Refused **Go to Q4.1 (p. 11)** 9

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

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

#### Section 4: Cholesterol Awareness

4.1. Blood cholesterol is a fatty substance found in the blood.  
Have you ever had your blood cholesterol checked? ( )

- a. Yes 1
- b. No **Go to Q5.1 (p. 12)** 2
- Don't know/Not sure **Go to Q5.1 (p. 12)** 7
- Refused **Go to Q5.1 (p. 12)** 9

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

**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

4.3. Have you ever been told by a doctor or other health  
professional that your blood cholesterol is high? ( )

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

**Section 5: Diabetes**

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

**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: Oral Health

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason? ( )

### Read only if necessary

<b>Include visits to dental specialists, such as orthodontists</b>	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

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

<b>Include teeth lost due to "infection"</b>	a.	5 or fewer	1
	b.	6 or more but not all	2
	c.	All	3
	d.	None	8
		Don't know/Not sure	7
		Refused	9

If "never" to Q6.1 or "all" to Q6.2, go to Q7.1 (p. 15).

6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist? ( )

**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 7: Skin Cancer

7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? ( )

- a. Yes 1
- b. No **Go to Q8.1 (p. 16)** 2
- Don't know/Not sure **Go to Q8.1 (p. 16)** 7
- Refused **Go to Q8.1 (p. 16)** 9

7.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? ( )

- a. One 1
- b. Two 2
- c. Three 3
- d. Four 4
- e. Five 5
- f. Six or more 6
- Don't know/Not sure 7
- Refused 9

## Section 8: Tobacco Use

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

**5 packs  
= 100  
cigarettes**

- |   |   |
|---|---|
| a. Yes  | 1 |
| b. No <b>Go to Q9.1 (p. 18)</b>               | 2 |
| Don't know/Not sure <b>Go to Q9.1 (p. 18)</b> | 7 |
| Refused <b>Go to Q9.1 (p. 18)</b>             | 9 |

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

- |   |   |
|---|---|
| a. Everyday                             | 1 |
| b. Some days <b>Go to Q8.3a</b>         | 2 |
| c. Not at all <b>Go to Q8.5 (p. 17)</b> | 3 |
| Refused <b>Go to Q9.1 (p. 18)</b>       | 9 |

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

**1 pack = 20  
cigarettes**

- |   |     |
|---|-----|
| Number of cigarettes [76 = 76 or more]<br><b>Go to Q8.4 (p. 17)</b> |     |
| Don't know/Not sure <b>Go to Q8.4 (p. 17)</b>                       | 7 7 |
| Refused <b>Go to Q8.4 (p. 17)</b>                                   | 9 9 |

8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
( )

**1 pack = 20  
cigarettes**

- |   |     |
|---|-----|
| Number of cigarettes [76 = 76 or more]<br><b>Go to Q9.1 (p. 18)</b> |     |
| Don't know/Not sure <b>Go to Q9.1 (p. 18)</b>                       | 7 7 |
| Refused <b>Go to Q9.1 (p. 18)</b>                                   | 9 9 |

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

- |        |                     |                    |   |
|--------|---------------------|--------------------|---|
| a. Yes | Go to Q9.1 (p. 18)  | 1                  |   |
| b. No  | Go to Q9.1 (p. 18)  | 2                  |   |
|        | Don't know/Not sure | Go to Q9.1 (p. 18) | 7 |
|        | Refused             | Go to Q9.1 (p. 18) | 9 |

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

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) | 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 9: Alcohol Consumption**

- 9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? ( )
- |  |   |
|--|---|
| a. Yes   | 1 |
| b. No <b>Go to Q10.1 (p. 20)</b>               | 2 |
| Don't know/Not sure <b>Go to Q10.1 (p. 20)</b> | 7 |
| Refused <b>Go to Q10.1 (p. 20)</b>             | 9 |
- 9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? ( )
- |                                       |       |
|---------------------------------------|-------|
| a. Days per week                      | 1     |
| b. Days per month                     | 2     |
| Don't know/Not sure <b>Go to Q9.4</b> | 7 7 7 |
| Refused <b>Go to Q9.4</b>             | 9 9 9 |
- 9.3. 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? ( )
- |                     |     |
|---------------------|-----|
| Number of drinks    |     |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |
- 9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? ( )
- |                     |     |
|---------------------|-----|
| a. Number of times  |     |
| b. None             | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

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

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

**Section 10: Demographics**

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

10.2. What is your race?	( )
--------------------------	-----

Would you say: **Please Read**

- |   |   |
|---|---|
| a. White                                | 1 |
| b. Black                                | 2 |
| c. Asian, Pacific Islander              | 3 |
| d. American Indian, Alaska Native<br>or | 4 |
| e. Other: <b>[specify]</b> _____        | 5 |

**Do not  
read these  
responses**

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

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

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

10.4. Are you: ( )

**Please Read**

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

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

**Please Read**

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

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

**Read Only if Necessary**

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

10.7. Are you currently: ( )

**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 |
| <b>or</b>                           |   |
| h. Unable to work                   | 8 |
| Refused                             | 9 |

10.8. Is your annual household income from all sources: ( )

**Read as Appropriate**

**If res-  
pondent  
refuses  
at any  
income  
level,  
code  
refused**

- |   |     |
|---|-----|
| a. Less than \$25,000 <b>If "no," ask e; if "yes," ask b</b><br>(\$20,000 to less than \$25,000)  | 0 4 |
| b. Less than \$20,000 <b>If "no," code a; if "yes," ask c</b><br>(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 <b>If "no," code b; if "yes," ask d</b><br>(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 <b>If "no," code c</b>  | 0 1 |
| e. Less than \$35,000 <b>If "no," ask f</b><br>(\$25,000 to less than \$35,000)                   | 0 5 |
| f. Less than \$50,000 <b>If "no," ask g</b><br>(\$35,000 to less than \$50,000)                   | 0 6 |
| g. Less than \$75,000 <b>If "no," code h</b><br>(\$50,000 to \$75,000)                            | 0 7 |
| h. \$75,000 or more   | 0 8 |
| <b>Do not</b> Don't know/Not sure   | 7 7 |



**read these  
responses**

Refused

9 9

10.9. About how much do you weigh without shoes? ( )

**Round  
fractions  
up**

Weight

pounds

Don't know/Not sure

7 7 7

Refused

9 9 9

10.10. About how tall are you without shoes? ( )

**Round  
fractions  
down**

Height

    /  
ft/inches

Don't know/Not sure

7 7 7

Refused

9 9 9

10.11. What county do you live in? ( )

FIPS county code

Don't know/not sure

7 7 7

Refused

9 9 9

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

a. Yes

1

b. No **Go to Q10.14 (p. 24)**

2

Refused **Go to Q10.14 (p. 24)**

9

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

<b>Exclude dedicated fax and computer lines</b>	Total telephone numbers [ <b>8 = 8 or more</b> ]	
	Refused	9

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

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

Male	<b>Go to Q12.1 (p. 29)</b>	1
------	----------------------------	---

Female		2
--------	--	---

## Section 11: Women's Health

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

- a. Yes 1
- b. No **Go to Q11.4 (p. 26)** 2
- Don't know/Not sure **Go to Q11.4 (p. 26)** 7
- Refused **Go to Q11.4 (p. 26)** 9

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

**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

11.3. 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? ( )

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

11.4. 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? ( )

- a. Yes 1
- b. No **Go to Q11.7 (p. 27)** 2
- Don't know/Not sure **Go to Q11.7 (p. 27)** 7
- Refused **Go to Q11.7 (p. 27)** 9

11.5. How long has it been since your last breast 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 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

11.6. 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? ( )

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

- 11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? ( )
- a. Yes 1
  - b. No **Go to Q11.10 (p. 28)** 2
  - Don't know/Not sure **Go to Q11.10 (p. 28)** 7
  - Refused **Go to Q11.10 (p. 28)** 9
- 11.8. How long has it been since you had your last Pap smear? ( )
- 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
- 11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? ( )
- a. Routine exam 1
  - b. Check current or previous problem 2
  - Other 3
  - Don't know/Not sure 7

Refused 9

11.10. Have you had a hysterectomy? ( )

**A hysterec-  
tomy is an  
operation  
to remove the  
uterus (womb)**

a. Yes **Go to Q12.1 (p. 29)** 1

b. No 2

Don't know/Not sure 7

Refused 9

**If respondent 45 years old or older, go to Q12.1 (p. 29)**

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

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

**Section 12: Immunization**

12.1. During the past 12 months, have you had a flu shot? ( )

- |  |   |
|--|---|
| a. Yes                                 | 1 |
| b. No <b>Go to Q12.3</b>               | 2 |
| Don't know/Not sure <b>Go to Q12.3</b> | 7 |
| Refused <b>Go to Q12.3</b>             | 9 |

12.2 At what kind of place did you get your last flu shot? ( )

Place code

**Read Only if Necessary**

- |   |     |
|---|-----|
| a. A doctor's office or health<br>maintenance organization                                | 0 1 |
| b. A health department  | 0 2 |
| c. Another type of clinic or health center<br><b>[Example: a community health center]</b> | 0 3 |
| d. A senior, recreation, or community center  | 0 4 |
| e. A store <b>[Examples: supermarket, drug store]</b>                                     | 0 5 |
| f. A hospital or emergency room   | 0 6 |
| g. Workplace  | 0 7 |
| h. Other <b>[specify]</b> _____   | 0 8 |
| Don't know/Not sure   | 7 7 |
| Refused   | 9 9 |

12.3. Have you ever had a pneumonia vaccination? ( )

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



Refused

9

### Section 13: Colorectal Cancer Screening

If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1 (p. 32).

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

- a. Yes 1
- b. No **Go to Q13.3** 2
- Don't know/Not sure **Go to Q13.3** 7
- Refused **Go to Q13.3** 9

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

**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

13.3. A sigmoidoscopy or colonoscopy 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? ( )

- a. Yes 1
- b. No **Go to Q14.1 (p. 32)** 2
- Don't know/Not sure **Go to Q14.1 (p. 32)** 7
- Refused **Go to Q14.1 (p. 32)** 9

13.4. When did you have your last sigmoidoscopy or colonoscopy?  
( )

**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 14: Injury Control**

If core Q10.5a, b, and c are all "None," go to Q14.3 (p. 33).

14.1. What is the age of the oldest child in your household under the age of 16? ( )

**Code**

<1 yr.  
as "01"

- |                             |                     |     |
|-----------------------------|---------------------|-----|
| a. Code age in years        |                     |     |
| b. No children under age 16 | Go to Q14.3 (p. 33) | 8 8 |
| Don't know/Not sure         | Go to Q14.3 (p. 33) | 7 7 |
| Refused                     | Go to Q14.3 (p. 33) | 9 9 |

If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3 (p. 33).

14.2. During the past year, how often has the [fill in age from Q14.1]-year-old child worn a bicycle helmet when riding a bicycle?

( )

Would you say: **Please Read**

- |                  |  |   |
|------------------|--|---|
| a. Always        |  | 1 |
| b. Nearly Always |  | 2 |
| c. Sometimes     |  | 3 |
| d. Seldom        |  | 4 |
| <b>or</b>        |  |   |
| e. Never         |  | 5 |

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

**Do not  
read these  
responses**

Never rides a bicycle		8
-----------------------	--	---

Refused		9
---------	--	---

14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? ( )

**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 15: 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.

15.1. 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? ( )

**Code 01  
through 12**

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

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

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

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

Would you say: **Please Read**

- a. High 1
- b. Medium 2
- c. Low **or** 3
- d. None 4
- Not applicable **Go to Q15.7a (p. 36)** 5
- Don't know/Not sure 7
- Refused 9

**Do not  
read these  
responses**

15.4. Have you donated blood since March 1985? ( )

- a. Yes 1
- b. No **Go to Q15.6a (p. 36)** 2
- Don't know/Not sure **Go to Q15.6a (p. 36)** 7
- Refused **Go to Q15.6a (p. 36)** 9

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

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

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

- a. Yes **Go to Q15.7 (p. 36)** 1
- b. No **Go to Next Module** 2
- Don't know/Not sure **Go to Next Module** 7

**Include  
saliva  
tests**

	Refused	Go to Next Module	9
15.6a.	Have you ever been tested for HIV?		( )
<b>Include saliva tests</b>	a.	Yes Go to Q15.7a	1
	b.	No Go to Next Module	2
		Don't know/Not sure Go to Next Module	7
		Refused Go to Next Module	9
15.7.	Not including your blood donations, have you been tested for HIV in the past 12 months?		( )
<b>Include saliva tests</b>	a.	Yes Go to Q15.8 (p. 37)	1
	b.	No Go to Next Module	2
		Don't know/Not sure Go to Next Module	7
		Refused Go to Next Module	9
15.7a.	Have you been tested for HIV in the past 12 months?		( )
<b>Include saliva tests</b>	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



15.8. What was the main reason you had your last test for HIV?  
( )

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	
	<b>Go to Next Module</b>	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

15.9. Where did you have your last test for HIV? ( )

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

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

## State-added Module 1: Quality Of Life/ Disability

These next questions are about your support needs and life satisfaction.

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

(373)

Would you say: **Please Read**

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

**Do not  
read these  
responses**

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

(374)

Would you say: **Please Read**

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

**Do not  
read these  
responses**

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

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?

(377-382)

**Code up to three responses**

- |    |  |    |
|----|--|----|
| a. | No special equipment or help used <b>Go to Q 7</b>   | 01 |
| b. | Other people   | 02 |
| c. | Cane or walking stick  | 03 |
| d. | Walker   | 04 |
| e. | Crutch or crutches   | 05 |
| f. | Manual wheelchair  | 06 |
| g. | Motorized wheelchair   | 07 |
| h. | Electric mobility scooter  | 08 |
| i. | Artificial leg   | 09 |
| j. | Brace  | 10 |
| k. | Service animal [ <b>i.e., guide dog or other animal specifically trained to provide assistance</b> ] | 11 |
| l. | Oxygen / special breathing equipment   | 12 |
| m. | Other (specify): _____   | 13 |
|    | No additional equipment or help <b>for 2nd and 3rd responses</b>                                     | 87 |
|    | Don't know / Not sure <b>Go To Q7 If 1<sup>ST</sup> Response</b>                                     | 77 |
|    | Refused <b>Go To Q7 If 1<sup>ST</sup> Response</b>   | 99 |

6. Using special equipment or help, what is the farthest distance that you can go? (383)

**Please Read**

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

**Do not  
read these  
responses**

7. What is the farthest distance you can walk by yourself, without any special equipment or help from others? (384)

**Please Read**

- |    |                                     |   |
|----|-------------------------------------|---|
| a. | Not any distance                    | 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 |
|    | <b>or</b>                           |   |
| f. | More than one mile                  | 6 |
|    | Don't know / Not sure               | 7 |
|    | Refused                             | 9 |

**Do not  
read these  
responses**



8. Are you limited in any way in any activities because of any impairment or health problem? (385)
- a. Yes 1
  - b. No **If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q14** 2
  - Don't know / Not sure **If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q14** 7
  - Refused **If Ayes@ to Q3 or Q4 or "b-m" on Q5, continue. Otherwise, go to Q14** 9

9. What is the MAJOR impairment or health problem that limits your activities? (386-387)

Reason Code

<b>If respondent says "I'm not limited," say "I'm referring to the impairment you indicated on an earlier question."</b>	a. Arthritis / rheumatism	01
	b. Back or neck problem	02
	c. Fractures, bone / joint injury	03
	d. Walking problem	04
	e. Lung / breathing problem	05
	f. Hearing problem	06
	g. Eye / vision problem	07
	h. Heart problem	08
	i. Stroke problem	09
	j. Hypertension / high blood pressure	10
	k. Diabetes	11
	l. Cancer	12
	m. Depression / anxiety / emotional problem	13
	n. Other impairment/problem	14
	Don't know / Not sure	77
	Refused	99

10. Is this impairment or health problem the result of a work-related illness or injury? (388)
- |    |                       |   |
|----|-----------------------|---|
| a. | Yes                   | 1 |
| b. | No                    | 2 |
|    | Don't know / Not sure | 7 |
|    | Refused               | 9 |
11. For HOW LONG have your activities been limited because of your major impairment or health problem? (389-391)
- |    |                       |       |
|----|-----------------------|-------|
| a. | Days                  | 1 _ _ |
| b. | Weeks                 | 2 _ _ |
| c. | Months                | 3 _ _ |
| d. | Years                 | 4 _ _ |
|    | Don't know / Not sure | 7 7 7 |
|    | Refused               | 9 9 9 |
12. 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? (392)
- |    |                       |   |
|----|-----------------------|---|
| a. | Yes                   | 1 |
| b. | No                    | 2 |
|    | Don't know / Not sure | 7 |
|    | Refused               | 9 |

13. 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? (393)
- |    |                       |   |
|----|-----------------------|---|
| a. | Yes                   | 1 |
| b. | No                    | 2 |
|    | Don't know / Not sure | 7 |
|    | Refused               | 9 |
14. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activ
- |    |                       |     |
|----|-----------------------|-----|
| a. | Number of days        | --  |
| b. | None                  | 8 8 |
|    | Don't know / Not sure | 7 7 |
|    | Refused               | 9 9 |
15. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (396-397)
- |    |                       |     |
|----|-----------------------|-----|
| a. | Number of days        | --  |
| b. | None                  | 8 8 |
|    | Don't know / Not sure | 7 7 |
|    | Refused               | 9 9 |
16. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or AN
- |    |                |    |
|----|----------------|----|
| a. | Number of days | -- |
|----|----------------|----|

	b. None	8 8
	Don't know / Not sure	7 7
	Refused	9 9
17.	During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP?	(400-401)
	a. Number of days	--
	b. None	8 8
	Don't know / Not sure	7 7
	Refused	9 9
18.	During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY?	
	a. Number of days	--
	b. None	8 8
	Don't know / Not sure	7 7
	Refused	9 9
19.	<b>If number of adults equals 1 and core Q10.5a, Q10.5b, and Q10.5c are all "none," go to next section.</b>	
	Is there anyone [insert "else" if "yes" to Q3, Q4, or Q8 or b-m to Q5a] in your household who is LIMITED in any way in any activities because of any impairment or health problem?	(404)
	a. Yes	1
	b. No <b>Go to next section</b>	2
	Don't know / Not sure <b>Go to next section</b>	7
	Refused <b>Go to next section</b>	9

20. How old are these people?

**Code ages**

**97 = 97 and older**

**98 = Dk/Ns**

**99 = Refused**

- |             |                 |
|-------------|-----------------|
| a. person 1 | __ __ (405-406) |
| b. person 2 | __ __ (407-408) |
| c. person 3 | __ __ (409-410) |
| d. person 4 | __ __ (411-412) |
| e. person 5 | __ __ (413-414) |

## State-added Module 2: Diabetes

1. Is paying for your diabetes supplies a problem?
 

Yes .....	1
No .....	2
Don't know/not sure.....	7
Refused.....	9
  
2. Have you talked to a dietician (diet specialist), or nutritionist about your diabetes during the past 5 years?
 

Yes .....	1
No .....	2
Don't know/not sure.....	7
Refused.....	9
  
3. When you go to your doctor for your diabetes, are you usually told to remove your socks and shoes before you see the doctor?
 

Yes.....	1
No .....	2
Don't know/not sure .....	7
Refused .....	9
  
4. When you last visited your doctor for your diabetes did he or she examine your feet?
 

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

## 5. Who decides when you need your next diabetes check-up?

**Read only if necessary**

	My doctor/health care provider schedules my appointment .....	1
	I make an appointment when I think I need one .....	2
	I don't make an appointment/I walk in.....	3
	Doesn't go for diabetes check-ups .....	4
	Other ( <i>specify</i> ) _____ .....	5
<b>Do not read these responses</b>	Don't know/not sure .....	7
	Refused.....	9

## 6. Do you take insulin injections, diabetes pills, or both?

	Insulin injections .....	1
	Diabetes pills.....	2
	Both insulin and pills .....	3
	Neither .....	4
	Don't know/not sure .....	7
	Refused .....	9

## 7. How old were you when you were told you had diabetes?

	Code age in years (76 = 76 or older) .....	
	Don't know/not sure.....	7 7
	Refused.....	9 9



8. Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-mo-glo-bin) or hemoglobin "A one C"?

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

9. Please answer yes or no to the following questions. Has your diabetes caused you any of the following health problems?

**PLEASE READ EACH**

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
a. Permanent loss of vision .....	1	2	7	9
b. Loss of kidney function .....	1	2	7	9
c. Skin sores or ulcers .....	1	2	7	9
d. Amputation .....	1	2	7	9
e. Heart disease .....	1	2	7	9
f. Numbness, tingling, or pain in feet or legs .....	1	2	7	9
g. Lose protein in urine .....	1	2	7	9

10. Were you hospitalized during the past two years?

Yes .....	1
No <b>Go to Next Module</b> .....	2
Don't know/not sure <b>Go to Next Module</b> .....	7
Refused <b>Go to Next Module</b> .....	9

## 11. What was the reason for your most recent hospitalization?

1. Heart disease .....	01
2. Stroke .....	02
3. Diabetes .....	03
4. Infection.....	04
5. Amputation.....	05
6. Kidney problems .....	06
7. Eye problems .....	07
8. Numbness, tingling or pain in legs or feet .....	08
9. High blood pressure .....	09
10. Low blood sugar .....	10
11. Ketoacidosis (DKA) or Diabetic Coma.....	11
12. Other (specify: _____).....	12
Don't know/Not sure.....	77
Refused .....	99

### State-added Module 3: Physical Activity

**\* This was a pilot physical activity module. Due to the way the questions were asked the data did not seem to accurately represent vigorous and moderate physical activity levels. Therefore, prevalence rates and frequencies from this module were not included in the 1999 BRFSS Report.**

The next few questions are about physical activity at work.

1. How many hours per week do you work at a job or business?

Number of hours ( <b>76 = 76 or more hours</b> )	___ ___
Do not work/None <b>Go to Q. 5</b>	8 8
Don't know/Not sure <b>Go to Q. 5</b>	7 7
Refused <b>Go to Q. 5</b>	9 9

2. What kind of work do you do now?

Specify: \_\_\_\_\_

3. What kind of business or industry is this? (What was made, sold, or service provided)

Specify: \_\_\_\_\_

4. When you are at work, which of the following best describes what you do?

Would you say: **Please Read**

- |  |   |
|--|---|
| a. Mostly sitting or standing                      | 1 |
| b. Mostly walking                                  | 2 |
| or   |   |
| c. Mostly heavy labor or physically demanding work | 3 |

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

Now I am going to ask you about vigorous and moderate physical activity that you do when you are **not at work**.

5. During the past seven days, how many days did you do vigorous activities for at least ten minutes, such as running, aerobics, heavy yard work, or anything else that caused large increases in breathing or heart rate?

<b>If "yes," ask</b>	a. Number days	___ ___
<b>"How many days</b>		
<b>do you do</b>	b. No <b>Go to Q7</b>	8 8
<b>vigorous</b>		
<b>activities?"</b>		
	<b>to Q7</b>	Don't know/Not sure <b>Go</b>
		7 7
	<b>Refused Go to Q7</b>	9 9

6. On days when you did vigorous activities, how much total time did you spend doing these activities?

Minutes per day	___ ___ ___
Don't know	7 7 7
Refused	9 9 9

7. During the past seven days, how many days did you do moderate activities for at least ten minutes, such as brisk walking, bicycling, gardening, or anything else that caused some increase in breathing or heart rate?

<b>If "yes," ask</b>	a. Number days	___ ___
<b>"How many days</b>		
<b>do you do</b>	b. No <b>Go to Q9</b>	8 8
<b>moderate</b>		
<b>activities ?"</b>		
	Don't know/Not sure <b>Go to Q9</b>	7 7
	<b>Refused Go to Q9</b>	9 9

8. On days when you did moderate activities, how much total time did you spend doing these activities?

Minutes per day	___ ___ ___
Don't know	7 7 7
Refused	9 9 9



Now I am going to ask you some questions about specific activities both at work and not at work, that you might have already included in your previous answers.

9. During the past seven days, how many days did you walk continuously for at least ten minutes for recreation, exercise, or to get to and from places?

<b>If "yes," ask "How many days do you walk continuously?"</b>	a. Number days	___ ___
	b. No <b>Go to Q11</b>	8 8
	Don't know/Not sure <b>Go to Q11</b>	7 7
	Refused <b>Go to Q11</b>	9 9

10. On days when you walked, how much total time did you spend walking?

Minutes per day	___ ___ ___
Don't know	7 7 7
Refused	9 9 9

11. During the past seven days, how many days did you do any activities that increase muscle strength or tone, such as lifting weights, pull-ups, push-ups, or sit-ups?

<b>If "yes," ask "How many days do you do these activities?@"</b>	a. Number days	___ ___
	b. No	8 8
	Don't know/Not sure	7 7
	Refused	9 9

12. During the past seven days, how many hours did you spend watching television while sitting or lying down?

Number hours	___ ___
None	8 8
Don't know/Not sure	7 7

Refused

99

13. During the past seven days, how many hours did you spend using a computer during your leisure-time?

Number hours	--- ---
None	8 8
Don't know/Not sure	7 7
Refused	9 9

14. Which of the following best describes your future plans regarding physical activity?

Would you say: **Please Read**

- |    |  |   |
|----|--|---|
| a. | You expect to increase your physical activity level              | 1 |
| b. | You expect to maintain your physical activity level<br><b>or</b> | 2 |
| c. | You expect to reduce your physical activity level                | 3 |

**Do not  
read these  
responses**

Don't know/Not sure	7
Refused	9

15. Has a doctor or other health professional ever talked to you about physical activity or exercise?

<b>If A Yes@ probe A About how long ago was it?</b>	A. Yes, within the past 12 months	1
	B. Yes, within the past three years (1 to 3 years)	2
	C. Yes, three or more years ago	3
	D. No	4
	Don't Know/Not Sure	7
	Refused	9



16. How much has your weight changed over the past five years?

- A. Gained (**99 = 99 pounds or more**) ..... 1
- B. Lost (**99 = 99 pounds or more**)..... 2
3. No weight change.....5 5 5
- Don't know/Not sure .....7 7 7
- Refused.....9 9 9

**If respondent is aged 18-21 then go to Next Module.**

17. About how much do you think you weighed when you were 21 years old?

- A. Weight ..... 7 7 7
- Don't know/Not sure .....7 7 7
- Refused.....9 9 9

## State-added Module 4: Parenting Issues

If Q10.4a, Q10.4b, Q10.4c are all ANone@ or ARefused@ go to Module 5:STDs/AIDS

1. What is the age of the oldest child in your household under the age of 18?
  - a. Age of child
  2. Child less than one year old (0 to 11 months old)  
**Go to Next Module** 5 5
  - c. No children under age 18 **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. Are you a parent or a guardian of this child?
  1. Yes ..... 1
  2. No **Go to Next Module** ..... 2
  - Don't know/not sure **Go to Next Module** ..... 7
  - Refused **Go to Next Module**..... 9
  
3. Would you say you are the parent or guardian who spends the most time caring for the [age from Q. 1] year old child?
  - Yes..... 1
  - No ..... 2
  - Don't know/not sure ..... 7
  - Refused ..... 9

4. Is the **[age from Q. 1]** year old child's time divided between parents or guardians who live in separate households?

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

5. About how many hours did the **[age from Q. 1]** year old child watch television yesterday?

a. Number of hours of TV	
b. None	8 8
Don't know/Not Sure	7 7
Refused	9 9

**If child is 5-17 years old go to Q. 6. If the child is aged 1-4 go to Q. 10**

6. To the following questions please answer how many days out of the past seven days you did the following activities with the **[age from Q. 1]** year old child?

- 9 = Refused**  
**8 = Don't Know**
1. Played a sport, physical game, or exercised together with the **[age from Q. 1]** year old child?
  - B. Played a non-physical game with the **[age from Q. 1]** year old child?
  3. Watched television with the **[age from Q. 1]** year old child?
  4. Spent at least 20 minutes talking with the **[age from Q. 1]** year old child?
  5. Helped the **[age from Q. 1]** year old child with school activities or homework?
  6. Made the **[age from Q. 1]** year old child responsible for completing a household chore?
  7. Attended a game or event the **[age from Q. 1]** year old child participated in?



7. Please answer yes or no to the following questions. Are there family rules about:

**PLEASE READ EACH**

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
a. What time the <b>[age from Q. 1]</b> year old child goes to bed on a school night?	1	2	7	9
2. The amount of time the <b>[age from Q. 1]</b> year old child is allowed to watch television?	1	2	7	9
3. Which television programs and movies the <b>[age from Q. 1]</b> year old child is allowed to watch?	1	2	7	9
d. Which computer or video games the <b>[age from Q. 1]</b> year old child is allowed to play?	1	2	7	9

8. Where does the **[age from Q. 1]** year old child go most often when school lets out?

a. Home .....	01
2. Child care provider/babysitter .....	02
3. Friends home .....	03
4. Neighbor=s home .....	04
5. Work .....	05
6. Spends time with friends .....	06
7. Community organization (YMCA, library, etc.) .....	07
8. After school sport, club, or other organized activity.....	08
9. Other (specify: _____) .....	09
10. Not in school currently .....	10
Don=t Know/Not Sure.....	77
Refused.....	99

9. On how many days out of the past seven days was the **[age from Q. 1]** year old child supervised by an adult after school?

- a. Number of days (**5 = 5 or more days**) **Go to Next Module**
- b. Not in school currently **Go to Next Module** 8
- Don't know/Not Sure **Go to Next Module** 7
- Refused **Go to Next Module** 9

10. To the following questions please answer how many days during the past seven days you have done the following activities with the **[age from Q. 1]** year old child.

- A. Played a sport, physical game, or exercised with the **[age from Q. 1]** year old child?
  - B. Played a non-physical game with the **[age from Q. 1]** year old child?
  - C. Watched television with the **[age from Q. 1]** year old child?
  - D. Read to the **[age from Q. 1]** year old child?
- 9 = Refused**  
**8=Don't Know**

11. About how many hours per week does the **[age from Q. 1]** year old child spend in a day care center, day care home, or pre-school?

- a. Number of hours a week (**76 = 76 or More**)
- b. None 8 8
- Don't know/Not Sure 7 7
- Refused 9 9

**State-added Module 5: STDs/AIDS**

**If the respondent is aged 50 or older go to next module. If respondent is aged 18-49 go to Q. 1.**

1. Have you personally ever known anyone with AIDS or the HIV virus?

- |                     |   |
|---------------------|---|
| 1. Yes              | 1 |
| B. No               | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |

**Females 18-49 Only, Otherwise Skip to Q. 4**

2. Have you been pregnant during the past two years?

- |                                       |   |
|---------------------------------------|---|
| A. Yes                                | 1 |
| B. No <b>Skip to Q 4</b>              | 2 |
| Don't Know/Not Sure <b>SKIP to Q4</b> | 7 |
| Refused <b>Skip to Q4</b>             | 9 |

3. Did your doctor offer you an HIV test during your last pregnancy?

- |                     |   |
|---------------------|---|
| A. Yes              | 1 |
| B. No               | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |

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

<b>If A Yes@ probe A How long ago were you counseled about these issues?@</b>	A. Yes, within the past 12 months	1
	b. Yes, within the past three years (1 to 3 years)	2
	C. Yes, three or more years ago	3
	D. No	4
	Don't Know/Not Sure	7
	Refused	9

5. The following questions ask about the acceptability of certain programs designed to reduce the spread of sexually transmitted diseases and AIDS within communities. Please answer whether the following programs would be very acceptable, somewhat acceptable, somewhat unacceptable, or very unacceptable to you to have in your community.

	VA	SA	SU	VU	DK	Ref
1. Contacting and treating the sexual partners of persons with sexually transmitted diseases?	1	2	3	4	7	9
b. Needle exchange programs for injectable drug users?	1	2	3	4	7	9
3. Condom distribution to teenagers?	1	2	3	4	7	9

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

1. Number of new sex partners (76=76 or more)	—	—
2. None <b>Go to Next Module</b>	8	8
Don't Know/Not Sure <b>Go to Next Module</b>	7	7
Refused <b>Go to Next Module</b>	9	9



These next few questions ask about situations with your most recent sex partner.

7. Did you discuss your concerns about AIDS or sexually transmitted diseases before having sex for the first time with your most recent sexual partner.
- |                     |   |
|---------------------|---|
| A. Yes              | 1 |
| B. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
8. Did you use a condom the first time you had sex with your most recent sex partner?
- |                     |   |
|---------------------|---|
| A. Yes              | 1 |
| B. No               | 2 |
| Don't Know/Not Sure | 7 |
| Refused             | 9 |
9. Were you drunk or high the first time you had sex with your most recent sex partner?
- |                     |   |
|---------------------|---|
| 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 fluoride 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: Folic Acid

**If the respondent is male or a female aged 45 and older Go to the Next Module**

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<br><b>or</b> | 3 |
| 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 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<br><b>or</b> | 2 |
| c. | After pregnancy               | 3 |
|    | Don't know/Not sure           | 7 |
|    | Refused                       | 9 |

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

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

Refused 9

**State-Added Module 8: State-added Injury Control**

1. How often do you use seatbelts when you drive or ride in a car?

Would you say: **Please Read**

- |    |               |   |
|----|---------------|---|
| a. | Always        | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes     | 3 |
| d. | Seldom        | 4 |
|    | <b>or</b>     |   |
| e. | Never         | 5 |

<b>Do not</b>	Don't know/Not sure	7
<b>read these</b>	Never drive or ride in a car	8
<b>responses</b>	Refused	9

**If no child aged 0-15 (Mod. 14 Q.1) skip to Q.3**

2. How often does the [fill in age from Q.1 Module 14 ]-year-old child in your household use a...

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 |
|    | <b>or</b>     |   |
| e. | Never         | 5 |

<b>Do not</b>	Don't know/Not sure	7
---------------	---------------------	---

**read these  
responses**

Never rides in a car	8
Refused	9

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

**Read answers**

1. I don't have a smoke detector	1
2. I have an installed and working smoke detector	2
3. I have a smoke detector, but it is not installed	3
4. I have smoke detector, but it is broken or the battery is missing <b>or</b>	4
5. I have a smoke detector, but I don't know if it works	5
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.