

**2000 Behavioral Risk Factor Surveillance System  
Questionnaire  
KANSAS (Revision 2 formatting and skips)**

**CORE SECTIONS**

Section 1:	Health Status .....	3
Section 2:	Health Care Access .....	5
Section 3:	Asthma .....	10
Section 4:	Diabetes .....	11
Section 5:	Care Giving .....	12
Section 6:	Exercise .....	13
Section 7:	Tobacco Use .....	16
Section 8:	Fruits and Vegetables .....	18
Section 9:	Weight Control .....	21
Section 10:	Demographics .....	23
Section 11:	Women's Health .....	29
Section 12:	HIV/AIDS .....	33

**OPTIONAL MODULES**

Module 1:	Diabetes (CDC Optional) .....	40
State-added Module 1:	Diabetes (Accessory State-added) .....	44
State-added Module 2:	HIV Testing in Pregnancy .....	47
Module 10:	Immunization .....	48
Module 15:	Quality of Life & Care Giving .....	49
Module 14:	Arthritis .....	61
Module 5:	Health Care Satisfaction .....	63
State-added Module 3:	Physician Characteristics .....	66
State-added Module 4:	End of Life Issues .....	71
State-added Module 5:	Health of Children (brief) .....	76
State-added Module 6:	Tobacco Cessation .....	77
State-added Module 7:	Preventive Counseling .....	78

HELLO, I'm \_\_\_\_\_ calling for the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Kansas residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect 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**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

**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 KS Dept. Of Health & Environment and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Kansas residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health. We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you

don't want to, and you are free to end the interview at any time. The interview takes 15 minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

**Section 1: Health Status**

1.1. Would you say that in general your health is: (77)

**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

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? (78-79)

- 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? (80-81)

- 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? (82-83)

- 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? (84)
- 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? (85)
- 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? (86-87)

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) or 0 7
- 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

not  
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: (88-89)

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>	8 8
	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? (90)

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? (91)

**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? (92)

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? (93)

**Read Only if Necessary**

<b>A routine checkup is a general phys- ical exam, not an exam for a specific injury, ill- ness, or con- dition</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: Asthma**

3.1	Did a doctor ever tell you that you had asthma?	(252)
	a. Yes	1
	b. No <b>Go to Q4.1 (p. 11)</b>	2
	Don't know/Not sure <b>Go to Q4.1 (p. 11)</b>	7
	Refused <b>Go to Q4.1 (p. 11)</b>	9
3.2	Do you still have asthma?	(253)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

**Section 4: Diabetes**

4.1. Have you ever been told by a doctor that you have diabetes?  
(100)

<b>If "Yes" and female, ask "Was this only when you were pregnant?"</b>	a. Yes Go to Diabetes Module, p. 41	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

**Section 5: Care Giving**

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?

Yes 1

No 2

Don't Know/Not Sure

7

Refused 9

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?

**Read Only if Necessary**

a. Relative or friend	0 1
b. Would provide care myself	0 2
c. Nursing home	0 3
d. Home health service	0 4
e. Personal physician	0 5
f. Area Agency on Aging	0 6
g. Hospice	0 7
h. Hospital nurse	0 8
i. Minister/priest/rabbi	0 9
j. Other	1 0
i. Don't know who to call	1 1
Refused	9 9

**Section 6: Exercise**

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

- 6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (305)
- a. Yes 1
  - b. No **Go to Q7.1 (p. 16)** 2
  - Don't know/Not sure **Go to Q7.1 (p. 16)** 7
  - Refused **Go to Q7.1 (p. 16)** 9

- 6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (306-307)

Activity [specify]: \_\_\_\_\_  
**See coding list A**

Refused **Go to Q6.6 (p. 14)** 9 9

**Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.**

- 6.3. How far did you usually walk/run/jog/swim? (308-310)

**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

- 6.4. How many times per week or per month did you take part in this activity during the past month? (311-313)

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

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (314-316)

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

6.6. Was there another physical activity or exercise that you participated in during the last month? (317)

a. Yes	1
b. No <b>Go to Q7.1 (p. 16)</b>	2
Don't know/Not sure <b>Go to Q7.1 (p. 16)</b>	7
Refused <b>Go to Q7.1 (p. 16)</b>	9

6.7. What other type of physical activity gave you the next most exercise during the past month? (318-319)

Activity [specify]: \_\_\_\_\_  
**See coding list A**

Refused <b>Go to Q7.1 (p. 16)</b>	9 9
-----------------------------------	-----

**Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9 (p.15).**

6.8. How far did you usually walk/run/jog/swim? (320-322)

<b>See coding list B if response is in miles and tenths</b>	Miles and tenths	__ __.
	Don't know/Not sure	7 7 7
	Refused	9 9 9

6.9. How many times per week or per month did you take part in this activity? (323-325)

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

6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (326-328)

- Hours and minutes \_\_\_:
- Don't know/Not sure 7 7 7
- Refused 9 9 9

**Section 7: Tobacco Use**

7.1. Have you smoked at least 100 cigarettes in your entire life?  
(106)

<b>packs 100 cigarettes</b>	a. Yes	1
	b. No <b>Go to Q8.1 (p. 18)</b>	2
	Don't know/Not sure <b>Go to Q8.1 (p. 18)</b>	7
	Refused <b>Go to Q8.1 (p. 18)</b>	9

7.2. Do you now smoke cigarettes everyday, some days, or not at all?  
(107)

a. Everyday	1
b. Some days <b>Go to Q7.3a</b>	2
c. Not at all <b>Go to Q7.5 (p. 17)</b>	3
Refused <b>Go to Q8.1 (p. 18)</b>	9

7.3. On the average, about how many cigarettes a day do you now smoke?  
(108-109)

<b>pack = 20 cigarettes</b>	Number of cigarettes [76 = 76 or more] <b>Go to Q7.4 (p. 17)</b>	
	Don't know/Not sure <b>Go to Q7.4 (p. 17)</b>	7 7
	Refused <b>Go to Q7.4 (p. 17)</b>	9 9

7.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
(110-111)

<b>pack = 20 cigarettes</b>	Number of cigarettes [76 = 76 or more] <b>Go to Q8.1 (p. 18)</b>	
	Don't know/Not sure <b>Go to Q8.1 (p. 18)</b>	7 7
	Refused <b>Go to Q8.1 (p. 18)</b>	9 9



7.4.	During the past 12 months, have you quit smoking for 1 day or longer?	(112)
a.	Yes Go to Q8.1 (p. 18)	1
b.	No Go to Q8.1 (p. 18)	2
	Don't know/Not sure Go to Q8.1 (p. 18)	7
	Refused Go to Q8.1 (p. 18)	9

7.5.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(113-114)
	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 8: 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.

- 8.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (287-289)
- |                     |   |   |   |
|---------------------|---|---|---|
| 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 |
- 8.2. Not counting juice, how often do you eat fruit? (290-292)
- |                     |   |   |   |
|---------------------|---|---|---|
| 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 |

8.3.	How often do you eat green salad?	(293-295)
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
8.4.	How often do you eat potatoes not including french fries, fried potatoes, or potato chips?	(296-298)
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
8.5.	How often do you eat carrots?	(299-301)
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

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (302-304)

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

## Section 9: Weight Control

9.1.	Are you now trying to lose weight?	(329)
a.	Yes <b>Go to Q. 9.3</b>	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
9.2.	Are you now trying to maintain your current weight, that is to keep from gaining weight?	(330)
a.	Yes	1
b.	No <b>Go to Q. 9.5 (p. 22)</b>	2
	Don't know/Not sure <b>Go to 9.5 (p. 22)</b>	7
	Refused <b>Go to Q. 9.5 (p. 22)</b>	9
9.3.	Are you eating either fewer calories or less fat to... lose weight? [ <b>if "Yes" on Q. 9.1</b> ] keep from gaining weight? [ <b>if "Yes" on Q. 9.2</b> ]	(331)
<b>Probe for which</b>	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

9.4. Are you using physical activity or exercise to...  
lose weight? [if "Yes" on Q. 9.1]  
keep from gaining weight? [if "Yes" on Q. 9.2] (332)

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

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (336)

obe : ich	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

**Section 10: Demographics**

10.1. What is your age? (125-126)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

10.2. What is your race? (127)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

**or**

e. Other: **[specify]**\_\_\_\_\_ 5

**Do not** Don't know/Not sure 7

**read these**

**responses**

Refused 9

10.3. Are you of Spanish or Hispanic origin? (128)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you: (129)

**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

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

**Please Read**

- 1-9** a. less than 5 years old? \_\_\_ (130)
- 7 or more** b. 5 through 12 years old? \_\_\_ (131)
- None** c. 13 through 17 years old? \_\_\_ (132)
- Refused**

10.6. What is the highest grade or year of school you completed? (133)

**Read Only if Necessary**

- 1 a. Never attended school or only attended kindergarten
- 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: (134)

**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

10.8. Is your annual household income from all sources: (135-136)

**Read as Appropriate**

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

- a. Less than \$25,000 **If "no," ask e; if "yes," ask b**  
(\$20,000 to less than \$25,000) 0 4
- b. Less than \$20,000 **If "no," code a; if "yes," ask c**  
(\$15,000 to less than \$20,000) 0 3
- c. Less than \$15,000 **If "no," code b; if "yes," ask d**  
(\$10,000 to less than \$15,000) 0 2
- d. Less than \$10,000 **If "no," code c** 0 1
- e. Less than \$35,000 **If "no," ask f**  
(\$25,000 to less than \$35,000) 0 5
- f. Less than \$50,000 **If "no," ask g**  
(\$35,000 to less than \$50,000) 0 6
- g. Less than \$75,000 **If "no," code h**  
(\$50,000 to \$75,000) 0 7
- h. \$75,000 or more 0 8

**Do not  
read these  
responses**

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

10.9. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- a. Yes 1
- b. No **Go to Q10.12** 2
- Don't know/Not sure **Go to Q10.12** 7
- Refused **Go to Q10.12** 9

10.10. Which of the following best describes your current military status?

Are you: **Please Read**

- a. Currently on active duty **Go to Q10.12** 1
- b. Currently in reserves **Go to Q10.12** 2
- c. No longer in military service 3
- Don't know/Not sure **Go to Q10.12** 7
- Refused **Go to Q10.12** 9

**not  
ad these  
sponses**

10.11. In the last 12 months have you received some or all of your health care from VA facilities?

- a. Yes, all of my health care 1
- b. Yes, some of my health care 2
- c. No, no VA health care received 3
- Don't know/not sure 7
- Refused 9

**obe for  
ich**

10.12. About how much do you weigh without shoes? (137-139)

**ind  
actions**

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

10.13.	How much would you like to weigh?	(333-335)
	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.14.	About how tall are you without shoes?	(140-142)
<b>Round fractions down</b>	Height	<u>    </u> / ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.15.	What county do you live in?	(143-145)
	FIPS county code	
	Don't know/not sure	7 7 7
	Refused	9 9 9
10.16.	Do you have more than one telephone number in your household?	(146)
	a. Yes	1
	b. No <b>Go to Q10.18 (p. 28)</b>	2
	Refused <b>Go to Q10.18 (p. 28)</b>	9

10.17. How many residential telephone numbers do you have?  
(147)

include dedicated fax and computer lines	Total telephone numbers [8 = 8 or more]	
	Refused	9

10.18. Indicate sex of respondent. **Ask Only if Necessary**  
(148)

Male	<b>Go to Section 12: HIV/AIDS (p. 33)</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? (149)

- a. Yes 1
- b. No **Go to Q11.4 (p. 30)** 2
- Don't know/Not sure **Go to Q11.4 (p. 30)** 7
- Refused **Go to Q11.4 (p. 30)** 9

11.2. How long has it been since you had your last mammogram? (150)

**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? (151)

- 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? (152)

- a. Yes 1
- b. No **Go to Q11.7 (p. 31)** 2
- Don't know/Not sure **Go to Q11.7 (p. 31)** 7
- Refused **Go to Q11.7 (p. 31)** 9

11.5. How long has it been since your last breast exam? (153)

**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? (154)
- 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? (155)
- a. Yes 1
  - b. No **Go to Q11.10 (p. 32)** 2
  - Don't know/Not sure **Go to Q11.10 (p. 32)** 7
  - Refused **Go to Q11.10 (p. 32)** 9
- 11.8. How long has it been since you had your last Pap smear? (156)
- 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? (157)

- 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? (158)

- a. Yes **Go to Section 12: HIV/AIDS (p. 33)** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

hysterectomy  
is an  
operation  
to remove the  
womb

**If respondent 45 years old or older, go to Section 12: HIV/AIDS (p. 33)**

11.11 To your knowledge, are you now pregnant? (159)

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



**Section 12: 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.

12.1. 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? (172-173)

**Code 01  
through 12**

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

12.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (174)

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

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (175)

Would you say: **Please Read**

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

Not applicable **Go to Q12.7a (p. 35)** 5

**not  
add these  
responses**

Don't know/Not sure 7

Refused 9

12.4. Have you donated blood since March 1985? (176)

a. Yes 1

b. No **Go to Q12.6a (p. 35)** 2

Don't know/Not sure **Go to Q12.6a (p. 35)** 7

Refused **Go to Q12.6a (p. 35)** 9

12.5. Have you donated blood in the past 12 months? (177)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (178)

**include  
these  
responses** a. Yes **Go to Q12.7 (p. 35)** 1

b. No **Go to next module** 2

Don't know/Not sure **next module** 7

Refused **next module** 9

	12.6a. Have you ever been tested for HIV?	(179)
<b>Include saliva tests</b>	a. Yes <b>Go to Q12.7a</b>	1
	b. 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
	12.7. Not including your blood donations, have you been tested for HIV in the past 12 months?	(180)
<b>Include saliva tests</b>	a. Yes <b>Go to Q12.8 (p. 36)</b>	1
	b. 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
	12.7a. Have you been tested for HIV in the past 12 months?	(181)
<b>Include saliva tests</b>	a. Yes	1
	b. 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

12.8. What was the main reason you had your last test for HIV?  
(182-183)

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	1 2
	<b>Go to next module</b>	
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

12.9. Where did you have your last test for HIV? (184-185)

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

- 12.10. Did you receive the results of your last test? (186)
- 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
- 12.11. Did you receive counseling or talk with a health care professional about the results of your test? (187)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

**If female age 18-49 years go to State-added HIV Testing in Pregnancy Module, p. 47; else go to Immunization Module.**

**Activity List for Common Leisure Activities  
Coding List A**

**Code Description**

- |   |                                |
|---|--------------------------------|
| 01. Aerobics class  | 28. Racketball                 |
| 02. Backpacking   | 29. Raking lawn                |
| 03. Badminton   | 30. Running                    |
| 04. Basketball  | 31. Rope skipping              |
| 05. Bicycling for pleasure  | 32. Scuba diving               |
| 06. Boating (canoeing, rowing,<br>sailing for pleasure or<br>camping) | 33. Skating - ice or roller    |
| 07. Bowling   | 34. Sledding, tobogganing      |
| 08. Boxing  | 35. Snorkeling                 |
| 09. Calisthenics  | 36. Snowshoeing                |
| 10. Canoeing/rowing - in<br>competition                               | 37. Snow shoveling by hand     |
| 11. Carpentry   | 38. Snow blowing               |
| 12. Dancing-aerobics/ballet   | 39. Snow skiing                |
| 13. Fishing from river bank or<br>boat                                | 40. Soccer                     |
| 14. Gardening (spading,<br>weeding,<br>digging, filling)              | 41. Softball                   |
| 15. Golf  | 42. Squash                     |
| 16. Handball  | 43. Stair climbing             |
| 17. Health club exercise  | 44. Stream fishing in waders   |
| 18. Hiking - cross-country  | 45. Surfing                    |
| 19. Home exercise   | 46. Swimming laps              |
| 20. Horseback riding  | 47. Table tennis               |
| 21. Hunting large game - deer,  | 48. Tennis                     |
| 22. Jogging   | 49. Touch football             |
| 23. Judo/karate   | 50. Volleyball                 |
| 24. Mountain climbing   | 51. Walking                    |
| 25. Mowing lawn   | 52. Waterskiing                |
| 26. Paddleball  | 53. Weight lifting             |
| 27. Painting/papering house   | 54. Other_____elk              |
|   | 55. Bicycling machine exercise |
|   | 56. Rowing machine exercise    |

**Coding List B**

**Lap Swimming**

**Size pool/Laps  
(1 lap = 2 lengths)**

50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

22 laps (5 lengths) = .1 mile

50 meter pool

12 laps (3 lengths) = .1 mile

**Running/Jogging/Walking**

2 mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile

**Module 1: Diabetes (CDC-Supported)**

1.	How old were you when you were told you have diabetes? (188-189)			
	Code age in years [97 = 97 and older]			
	Don't know/Not sure	9	8	
	Refused	9	9	
2.	Are you now taking insulin?			(190)
	a. Yes	1		
	b. No	2		
	Refused	9		
3.	Are you now taking diabetes pills?			
	a. Yes	1		
	b. No	2		
	Don't know/Not sure	7		
	Refused	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.			(194-196)
	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. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 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
- f. No feet 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

6. Have you had any sores or irritations on your feet that took more than four weeks to heal?

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (19

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

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (200-201)
- a. Number of times [76 = 76 or more]
  - b. None 8 8
  - c. Never heard of hemoglobin "A one C" test 9 8
  - Don't know/Not sure 7 7
  - Refused 9 9

**If "no feet" to Q5, go to Q10**

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (202-203)
- a. Number of times
  - b. None 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
10. 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. (204)

**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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

**State-added Module 1: State-added Diabetes Questions (KANSAS)**

1. Is paying for your diabetes supplies a problem?
- 1. Yes 1
  - 2. No 2
  - Don't know / not sure 7
  - Refused 9
2. When you go to your doctor for your diabetes, are you usually told to remove your socks and shoes before you see the doctor?
- 1. Yes 1
  - 2. No 2
  - Don't know / not sure 7
  - Refused 9
3. Who decides when you need your next diabetes check-up?
- Read only if necessary**
- 1. My doctor/health care provider schedules my appt. 1
  - 2. I make an appointment when I think I need one 2
  - 3. I don't make an appointment / I walk in 3
  - 4. Doesn't go for diabetes check-ups 4
  - 5. Other (specify: \_\_\_\_\_) 5
- Do not read the following responses**
- Don't know / not sure 7
  - Refused 9
4. Were you hospitalized during the past two years?
- 1. Yes 1
  - 2. No **Return to Core question 5.1** 2
  - Don't know/not sure **Return to Core question 5.1** 7



5.	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

**Return to Core question 5.1, page 13**

**State-added Module 2: State-added HIV Testing in Pregnancy**

**If female aged 18-49 proceed to question 1; else skip to next module.**

1. Have you been pregnant during the past two years?
  - A. Yes 1
  - B. No **Skip next module** 2
  - Don't Know/Not Sure **SKIP to next module** 7
  - Refused **Skip to next module** 9
  
2. 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

## Module 10: Immunization

- |    |   |       |
|----|---|-------|
| 1. | During the past 12 months, have you had a flu shot? | (160) |
|    | a. Yes  | 1     |
|    | b. No   | 2     |
|    | Don't know/Not sure                                 | 7     |
|    | Refused   | 9     |
| 2. | Have you ever had a pneumonia vaccination?          | (163) |
|    | a. Yes  | 1     |
|    | b. No   | 2     |
|    | Don't know/Not sure                                 | 7     |
|    | Refused   | 9     |



Module 15: Quality of Life and Care-Giving (CDC-Supported version 10/27/99)

**DISABILITY-RELATED SUPPLEMENTAL ITEMS**

The following supplemental items are numbered ordinally. The secondary letter refers to the status of the question relative to the 2000 BRFSS questionnaire:

M = Questions incorporated from the BRFSS Quality of Life and Care Giving Optional Module

D = "State-added" disability questions that supplement the BRFSS Quality of Life and Care Giving Optional Module

**Interviewer read: >The next two questions are about your support needs and life satisfaction.-**

1. (D1) How often do you get the social and emotional support you need? (3'

Would you say: **Please Read**

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- or**
- e. Never 5

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

2. (D2) In general, how satisfied are you with your life? (372)

Would you say: **Please Read**

- a. Very satisfied
- b. Satisfied
- c. Dissatisfied
- or**
- d. Very dissatisfied 4

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

**Interviewer read: "These next questions are about limitations you**

may have in your daily life."

3. (D3) Are you limited in the kind or amount of work you can do because of any impairment or health problem? (373)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |
4. (D4) Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (374)
- |                     |   |
|---------------------|---|
| a. Yes              | 1 |
| b. No               | 2 |
| Don't know/Not sure | 7 |
| Refused             | 9 |

5. (D5) If you use special equipment or help from others to get around, what type do you use? (375-38)

**Code up to three responses**

- a. No special equipment or help used **Go to Q7** 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 [**i.e., guide dog or other animal specifically trained to provide assistance**] 11
  
- l. Oxygen/special breathing equipment 12
- m. Other (specify): \_\_\_\_\_ 13
  
- No additional equipment or help for 2nd and 3rd responses 87
  
- Don't know/Not sure 77
- Refused 99

6. (D6) Using special equipment or help, what is the farthest distance that you can go? (381)

**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

**or**

- e. More than one mile 5

**Do not** Don't know/Not sure 7

**read these** Refused 9

**responses**

7. (D7) What is the farthest distance you can walk by yourself, without any special equipment or help from others? (382)

**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

**or**

- f. More than one mile 6

**Do not read** Don't know/Not sure 7

**these**

**responses** Refused 9

8. (M1) Are you limited in any way in any activities because of any impairment or health problem? (321)
- a. Yes 1
  - b. No If >yes= to Q3 or Q4 or "b-m" on Q5, continue. 2  
Otherwise, go to Q13
  - Don't know/Not sure If >yes= to Q3 or Q4 or "b-m" on Q5, continue. 7  
Otherwise, go to Q13
  - Refused If >yes= to Q3 or Q4 or "b-m" on Q5, continue. 9  
Otherwise, go to Q13

9. (M2) What is the MAJOR impairment or health problem that limits your activities? (322-323)

**If respondent says >I-m not limited-, say >I-m referring to the impairment you indicated on an earlier question-.**

eason Code		<u>01</u> <u>    </u>
	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. Depresssion/anxiety/emotional problem	13
	n. Other impairment/problem	14
	Don't know/Not sure	77
	Refused	99

10. (M3) For HOW LONG have your activities been limited because of your major impairment or health problem? (324-326)

	a. Days	1 _
-	b. Weeks	2 _
-	c. Months	3 _
-	d. Years	4 _
-	Don't know/Not sure	7 7
7	Refused	9 9
9		

11. (M4) 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? (327)

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

	Refused	9
12. (M5)	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?(328)	
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
13. (M6)	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? (329-330)	
	a. Number of days	— —
	b. None	8 8
	Don't know/Not sure	7 7
	Refused	9 9
14. (M7)	During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED? (331-332)	
	a. Number of days	— —
	b. None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

15. (M8) During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (333-334)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      | — | — |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |
16. (M9) During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (335-336)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      | — | — |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |
17. (M10) During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (337-338)
- |    |                     |   |   |
|----|---------------------|---|---|
| a. | Number of days      | — | — |
| b. | None                | 8 | 8 |
|    | Don't know/Not sure | 7 | 7 |
|    | Refused             | 9 | 9 |



If "yes" to Q11, continue. Otherwise, go to Q20.

18. (M11) Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (339-340)

**Read Only if Necessary**

**If a relative that is paid, code as appropriate relative**

- |   |     |     |
|---|-----|-----|
| a. Husband/wife/partner                           | 0 1 |     |
| b. Parent/son/son-in-law/daughter/daughter-in-law |     | 0 2 |
| c. Other relative                                 | 0 3 |     |
| d. Unpaid volunteer                               | 0 4 |     |
| e. Paid employee or home health service           | 0 5 |     |
| f. Friend or neighbor                             | 0 6 |     |
| g. Combination of family and/or friends           | 0 7 |     |
| h. Other  | 0 8 |     |
| i. No one helps me <b>Go to Q20</b>               | 0 9 |     |
| Don't Know/Not Sure                               | 7 7 |     |
| Refused   | 9 9 |     |

19. (M12) Is the assistance you receive to meet your personal care needs: (341)

**Please Read**

- |                                    |   |  |
|------------------------------------|---|--|
| a. Usually adequate                | 1 |  |
| b. Sometimes adequate              | 2 |  |
| <b>or</b>                          |   |  |
| c. Rarely adequate                 | 3 |  |
| <b>Do not read these responses</b> |   |  |
| Don't know/Not sure                | 7 |  |
| Refused                            | 9 |  |

If "yes" to Q12, continue. Otherwise, go to Q22

20. (M13) Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes?(342-343)

**Read Only if Necessary**

**If relative that is paid, code as appropriate relative**

a. Husband/wife/partner	0 1	
b. Parent/son/son-in-law/daughter/daughter-in-law		0 2
c. Other relative	0 3	
d. Unpaid volunteer	0 4	
e. Paid employee or home health service	0 5	
f. Friend or neighbor	0 6	
g. Combination of family and/or friends	0 7	
h. Other	0 8	
i. No one helps me <b>Go to Q22</b>	0 9	
Don't Know/Not Sure	7 7	
Refused	9 9	

21. (M14) Is the assistance you receive to meet your routine needs:(344)

**Please Read**

a. Usually adequate	1
b. Sometimes adequate	2
<b>or</b>	
c. Rarely adequate	3

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

If number of adults equals 1 and core Q10.5a, Q10.5b, and Q10.5c are all "none," go to next section.

22. (D8) Is there anyone [fill in (else) if "yes" to Q3, Q4, or Q8 or b-m to Q5] in your household who is LIMITED in any way in any activities because of any impairment or health problem? (383)

. 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

23. (D9) How old are these people?

<b>Code ages</b>	a. person 1	___ ___(384-385)
<b>97 = 97 and older</b>	b. person 2	___ ___(386-387)
<b>98 = Dk/Ns</b>	c. person 3	___ ___(388-389)
<b>99 = Refused</b>	d. person 4	___ ___(390-391)
	e. person 5	___ ___(392-393)

**Module 14: Arthritis**

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (280)
- a. Yes 1
  - b. No **Go to Q4** 2
  - Don't know/Not sure **Go to Q4** 7
  - Refused **Go to Q4** 9
2. Were these symptoms present on most days for at least one month? (281)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9
3. Are you now limited in any way in any activities because of joint symptoms? (282)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

4. Have you ever been told by a doctor that you have arthritis? (283)
- a. Yes 1
  - b. No **Go to Next Module** 2
  - Don't know/Not sure **Go to Next Module** 7
  - Refused **Go to Next Module** 9
5. What type of arthritis did the doctor say you have? (284-285)
- Type Code
- Read Only if Necessary**
- a. Osteoarthritis/degenerative arthritis 0 1
  - b. Rheumatism 0 2
  - c. Rheumatoid Arthritis 0 3
  - d. Lyme disease 0 4
  - e. Other [**specify**]\_\_\_\_\_ 0 7
  - f. Never saw a doctor 8 8
  - Don't know/Not sure 7 7
  - Refused 9 9
6. Are you currently being treated by a doctor for arthritis? (286)
- a. Yes 1
  - b. No 2
  - Don't know/Not sure 7
  - Refused 9

**Module 5: Health Care Satisfaction**

**If Health Care Coverage and Utilization Module used, go to Q2**

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

<p>o," ask here more one or is no usual r who you ?"</p>	<p>a. Yes, only one</p> <p>b. More than one</p> <p>c. No</p> <p>Don't know/Not sure</p> <p>Refused</p>	<p>1</p> <p>2</p> <p>3</p> <p>7</p> <p>9</p>
--	--	--

2. In the last 12 months, how many times did you go to an emergency room to get care for yourself?

<p>include -alone t care rs</p>	<p>a. Number of times</p> <p>b. None</p> <p>Don't know/Not sure</p> <p>Refused</p>	<p></p> <p>8 8</p> <p>7 7</p> <p>9 9</p>
---	--	--

3. In the last 12 months, [fill in "not counting times you went to an emergency room" if Q2=1-76], how many times did you go to a doctor's office or clinic to get care for yourself?

Would you say: **Please Read**

<p>a. None</p> <p>b. Once</p> <p>c. Twice</p> <p>d. 3 times</p> <p>e. 4 times</p> <p>f. 5 to 9 times</p> <p>or</p> <p>g. 10 or more times</p>	<p><b>Go to Next Module</b></p>	<p>8</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>
---	---------------------------------	--

Don't know/Not Sure 7  
Refused 9

4. In the last 12 months, how often did doctors or other health providers listen carefully to you?

Would you say: **Please Read**

a. Never 1  
b. Sometimes 2  
c. Usually 3  
**or**  
d. Always 4

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

5. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

Would you say: **Please Read**

a. Never 1  
b. Sometimes 2  
c. Usually 3  
**or**  
d. Always 4

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

6. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

Would you say: **Please Read**

a. Never 1  
b. Sometimes 2  
c. Usually 3  
**or**  
d. Always 4

<b>not</b>	Don't know/Not Sure	7
<b>ad these</b>		
<b>sponses</b>	Refused	9

7. In the last 12 months, how often did doctors or other health providers spend enough time with you?

Would you say: **Please Read**

a.	Never	1
b.	Sometimes	2
c.	Usually	3
	<b>or</b>	
d.	Always	4

<b>not</b>	Don't know/Not Sure	7
<b>ad these</b>		
<b>sponses</b>	Refused	9

8. We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 1 to 5 where 1 is the worst health care possible, and 5 the best health care possible. How would you rate all your health care?

a.	1 Worst health care possible	1
b.	2	2
c.	3	3
d.	4	4
e.	5 Best health care possible	5
	Don't know/Not Sure	7
	Refused	9



### State-added Module 3: Physician Characteristics

If respondent answered 'No' to Module 5, question 1 (no one person as regular health care provider), skip to next module.

3. Are you able to see the same doctor every time or nearly every time you have a routine check-up or care for a medical condition?
  1. Yes 1
  2. No 2
  - Don't know/not sure 7
  - Refused 9
  
4. Other than vitamins or antibiotics, do you take any medication that is prescribed by your doctor on a daily basis for control of a medical problem?
  1. Yes 1
  2. No 2
  - Don't know/not sure 7
  - Refused 9

**Interviewer read: The next few questions are about the physician who provides most of your medical care.**

5. What is the medical specialty of your doctor?
- |   |    |
|---|----|
| 1. General  | 01 |
| 2. Family   | 02 |
| 3. Internal medicine (adult=s doctor)               | 03 |
| 4. Gynecology (female reproductive system)          | 04 |
| 5. Surgery  | 05 |
| 6. Cardiologist (heart)                             | 06 |
| 7. Endocrinologist or diabetes specialist           | 07 |
| 8. Gastroenterologist (GI doctor)                   | 08 |
| 9. Pulmonologist (lung)                             | 09 |
| 10. Urologist (urinary tract and male reproductive) | 10 |
| 11. ENT (ear, nose, throat)                         | 11 |
| 12. Allergist                                       | 12 |
| 13. Psychiatrist                                    | 13 |
| 14. Nephrologist (kidney)                           | 14 |
| 15. Ophthalmologist (eye)                           | 15 |
| 16. Dermatologist (skin)                            | 16 |
| 17. Other (specify:_____)                           | 17 |
| Don't know/not sure                                 | 77 |
| Refused   | 99 |
6. What is the sex of your doctor?
- |                     |   |
|---------------------|---|
| 1. Male             | 1 |
| 2. Female           | 2 |
| Don't know/not sure | 7 |

Refused

9

7. About how old do you think your doctor is?
- |                          |   |
|--------------------------|---|
| 1. Younger than 30 years | 1 |
| 2. 30 to 39 years        | 2 |
| 3. 40 to 49 years        | 3 |
| 4. 50 to 59 years        | 4 |
| 5. 60 to 69 years        | 5 |
| 6. Older than 70 years   | 6 |
| Don't know/not sure      | 7 |
| Refused                  | 9 |
8. About how long has this doctor been caring for you?
- |                                   |   |
|-----------------------------------|---|
| 1. Less than one year             | 1 |
| 2. Between one year and two years | 2 |
| 3. Between two and five years     | 3 |
| 4. More than five years           | 4 |
| Don't know/not sure               | 7 |
| Refused                           | 9 |
9. During the past two years, was there a time that you thought you needed to see a specialist but were unable to get a referral?

**If yes, probe for how many times**

- |                        |   |
|------------------------|---|
| 1. Yes, once           | 1 |
| 2. Yes, more than once | 2 |
| 3. No                  | 3 |
| Don't know/not sure    | 7 |
| Refused                | 9 |

10. Who decides when you need your next appointment?

**Read only if necessary**

- |    |   |   |   |
|----|---|---|---|
| 1. | My doctor/health care provider schedules my appt. | 1 |   |
| 2. | I make an appointment when I think I need one     | 2 |   |
| 3. | I don't make an appointment / I walk in           |   | 3 |
| 4. | Doesn't go for appointments                       |   | 4 |
| 5. | Other (specify:_____)                             |   | 5 |

**Do not read the following responses**

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

11. How would you rate your doctor's medical skill?

- |    |                     |   |   |
|----|---------------------|---|---|
| 1. | Excellent           | 1 |   |
| 2. | Very good           | 2 |   |
| 3. | Good                | 3 |   |
| 4. | Fair                | 4 |   |
| 5. | Poor                | 5 |   |
|    | Don't know/not sure |   | 7 |
|    | Refused             |   | 9 |

## State-added Module 4: End-of-life Issues

Interviewer read: "The next few questions deal with issues related to the end of life and how medical care is being provided to people who are dying. We recognize that this may be uncomfortable for some people, so if you feel you cannot talk about this, just tell me and we can skip ahead to the next section."

12. Have you prepared any legal documents such as a living will that would help your family make health care decisions for you if you were unable to make them for yourself?

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

6. During the past five years, were you involved in the care of a friend or a close family member who died of cancer?

- |    |  |   |
|----|--|---|
| 1. | Yes  | 1 |
| 2. | 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 |

7. On average, how much pain did this person have during the last three months they were alive? Would you say:

**Please read:**

- |    |                     |   |
|----|---------------------|---|
| 1. | None                | 1 |
| 2. | Mild                | 2 |
| 3. | Moderate            | 3 |
| 4. | Severe              | 4 |
| 5. | Excruciating        | 5 |
|    | Don't Know/Not sure | 7 |
|    | Refused             | 9 |

8. Did this person's health care provider prescribe any medications to help control pain?
- |    |                     |                   |  |  |  |  |  |  |   |
|----|---------------------|-------------------|--|--|--|--|--|--|---|
| 1. | Yes                 |                   |  |  |  |  |  |  | 1 |
| 2. | No                  | <b>Go to Q. 6</b> |  |  |  |  |  |  | 2 |
|    | Don't Know/Not sure | <b>Go to Q. 6</b> |  |  |  |  |  |  | 7 |
|    | Refused             | <b>Go to Q. 6</b> |  |  |  |  |  |  | 9 |
13. Were there any prescribed pain medications that this person was supposed to use, but:
- |    |   |   |   |   | Yes | No | DK | RF |
|----|---|---|---|---|-----|----|----|----|
| a. | did not get because of the cost?  | 1 | 2 | 7 | 9   |    |    |    |
| b. | used less often than prescribed in order to stretch them out because of the cost? | 1 | 2 | 7 | 9   |    |    |    |
| c. | did not use as prescribed because of the side effects?                            |   | 1 | 2 | 7   | 9  |    |    |
| d. | did not use as prescribed because they were afraid of getting addicted or hooked? |   |   | 1 | 2   | 7  | 9  |    |
14. During the last three months this person was alive, what was the specialty of the physician providing most of the care for this person?
- |    |                       |  |  |  |  |   |  |   |
|----|-----------------------|--|--|--|--|---|--|---|
| 1. | Internal Medicine     |  |  |  |  |   |  | 1 |
| 2. | Family Practice       |  |  |  |  | 2 |  |   |
| 3. | Cancer Specialist     |  |  |  |  |   |  | 3 |
| 4. | Surgeon               |  |  |  |  |   |  | 4 |
| 5. | Other (specify:_____) |  |  |  |  | 5 |  |   |
| 6. | None                  |  |  |  |  |   |  | 8 |
|    | Don't Know/Not sure   |  |  |  |  |   |  | 7 |
|    | Refused               |  |  |  |  |   |  | 9 |

15. During the last three months this person was alive, did this person receive care through a hospice?

- |    |                      |   |
|----|----------------------|---|
| 1. | Yes                  | 1 |
| 2. | No                   | 2 |
|    | Don't Know, Not sure | 7 |
|    | Refused              | 9 |

16. During the last three months this person was alive, did this person experience any of the following medical problems?

			Yes	No	DK	RF
1.	confusion, delirium or other altered mental states	1 2	7	9		
2.	bed sores		1	2	7	9
3.	loss of bowel control	1 2	7	9		
4.	loss of kidney or bladder control	1 2	7	9		
5.	severe fatigue	1 2	7	9		
6.	mouth sores	1 2	7	9		
7.	depression that was treated with medicine	1 2	7	9		
8.	open wounds other than bed or mouth sores	1 2	7	9		

9. Where did the patient live for most of the time during the last three months of life?

- |    |                                |   |
|----|--------------------------------|---|
| 1. | In a nursing home              | 1 |
| 2. | In their own home              | 2 |
| 3. | At the home of a family member | 3 |
| 4. | In a hospice building          | 4 |
| 5. | Other [specify:_____]          | 5 |
|    | Don't Know/Not sure            | 7 |
|    | Refused                        | 9 |



10. How would you rate the medical care this person received to ease their suffering? Would you say:

**Please read:**

- |    |                     |   |
|----|---------------------|---|
| 1. | Excellent           | 1 |
| 2. | Very good           | 2 |
| 3. | Good                | 3 |
| 4. | Fair                | 4 |
| 5. | Poor                | 5 |
|    | Don't Know/Not sure | 7 |
|    | Refused             | 9 |

11. Where did this person die?

- |    |  |   |
|----|--|---|
| 1. | At their home or at a relative/friend's home | 1 |
| 2. | In a hospital                                | 2 |
| 3. | In a nursing home                            | 3 |
| 4. | In a hospice building                        | 4 |
| 5. | Other [specify:_____]                        | 5 |
|    | Don't know/not sure                          | 7 |
|    | Refused                                      | 9 |

12. About how many years ago did this person die? Was it:

**Please read:**

- |    |                     |   |
|----|---------------------|---|
| 1. | Less than one year  | 1 |
| 2. | 1 to 2 years        | 2 |
| 3. | 2 to 3 years        | 3 |
| 4. | 3 to 4 years        | 4 |
| 5. | 4 to 5 years        | 5 |
| 6. | More than 5 years   | 6 |
|    | Don't know/not sure | 7 |
|    | Refused             | 9 |

13.	Did the person receive any psychological or spiritual counseling to help them cope with dying?	
1.	Yes	1
2.	No	2
	Don't know/not sure	7
	Refused	9

Interviewer read: "That was my last question dealing with end of life issues. We appreciate your willingness to answer questions on a topic that is so personal. We will be using the information from this survey to improve the quality of medical care that people receive at the end of life. Now I have some questions about other health issues."

**State-added Module 5: Health of Children (short version)**

**If core questions 10.5a, 10.5b, and 10.5c are all >none=, then go to next module.**

These next few questions will focus on the health of children

17. What is the age of the youngest child under age 18 in your household?

1.	Age		— —
	Don't know/not sure	7	7
	No children under age 18	8	8
	Refused		9 9

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

**Please Read**

1.	Excellent		1
2.	Very good		2
3.	Good		3
4.	Fair		4
5.	Poor		5
	Don't know/not sure	7	
	Refused		9

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

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

**State-added Module 6: Tobacco Cessation**

**If core question 7.1 = >no-, >don't know-, or >refused- go to next module**

20. Have you ever used any of the following methods even for one day to help you quit smoking:

			<u>Yes</u>	<u>No</u>	<u>DK/NS</u>	<u>Ref</u>
1.	Nicotine gum	1	2	7	9	
2.	Nicotine patch	1	2	7	9	
3.	Nicotine nasal spray	1	2	7	9	
4.	Nicotine inhaler	1	2	7	9	
5.	Zyban, also called burpropion or wellbutrin - a pill	1	2	7	9	
6.	A quit smoking class or group	1	2	7	9	
7.	>Cold turkey- or quitting on your own	1	2	7	9	

**If core question 7.2 = >not at all- or >refused-, go to next module**

21. Are you seriously considering quitting cigarettes in the next 6 months?

1.	Yes		1
2.	No <b>Go to next module</b>		2
3.	Don't know/not sure <b>Go to next module</b>	7	
4.	Refused <b>Go to next module</b>	9	

22. Are you planning to quit in the next 30 days?

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

## State-added Module 7: Preventive Counseling Services

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

**If female age  $\geq 50$  proceed to question 1; otherwise, go to question 2**

23. Has a doctor or other health professional ever talked with you about getting a mammogram?

<b>If yes, ask "About how long ago was it?"</b>	a.	Yes, within the past 12 months (1 to 12 months ago)	1	
	b.	Yes, within the past 2 years (1 to 2 years ago)	2	
	c.	Yes, within the past 3 years (2 to 3 years ago)	3	
	1.	Yes, within the past 5 years (3 to 5 years ago)	4	
	2.	5 or more years ago		5
	3.	No		8
		Don't know/Not sure		7
	Refused		9	

24. Has a doctor or other health professional ever talked with you about your diet or eating habits?

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

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

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

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

	a.	Yes, within the past 12 months (1 to 12 months ago)	1	
<b>bout</b>	b.	Yes, within the past 3 years (1 to 3 years ago)	2	
<b>/ long</b>	c.	Yes, 3 or more years ago	3	
"	d.	No		4
		Don't know/Not sure	7	
		Refused		9
	5.	(Has a doctor or other health professional ever talked with you) about drug abuse?		
<b>es, a.</b>	a.	Yes, within the past 12 months (1 to 12 months ago)	1	
<b>bout</b>	b.	Yes, within the past 3 years (1 to 3 years ago)	2	
<b>/ long</b>	c.	Yes, 3 or more years ago	3	
<b>it?"</b>	5.	No		4
		Don't know/Not sure	7	
		Refused		9
	6.	(Has a doctor or other health professional ever talked with you) about alcohol use?		
<b>es, a.</b>	a.	Yes, within the past 12 months (1 to 12 months ago)	1	
<b>bout</b>	b.	Yes, within the past 3 years (1 to 3 years ago)	2	
<b>/ long</b>	c.	Yes, 3 or more years ago	3	
<b>was</b>	4.	No		4
		Don't know/Not sure	7	
		Refused		9

**If "No" to core Q. 7.1a or "Not at all" to core Q. 7.2a, go to Q. 8**

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

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

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

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

**Closing Statement**

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