

2001

Kansas Behavioral Risk Factor Surveillance System Questionnaire

REVISED October 19, 2000 (2:08PM) -- Intimate Partner Violence Module removed

REVISED 12/05/2000 -- Deleted redundant question in Child Vehicle Safety Module

REVISED 01/16/2001 -- Skip added to Q8.5 per CDC

Response codes for not doing 10 min. of vig. or mod. activity added to
Q15.3 and Q15.6

01/17/2001 -- Added introductory text to Oral Health Module, question 6

02/01/2001 -- Oral Health Module changed (see module for details)

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HELLO, I'm _____ (name) _____ 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 _____ (phone number) _____ ?

If "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**

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?

— Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 woman below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 woman below.** May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" at bottom of page**

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

— Number of men

— Number of women

The person in your household that I need to speak with is _____.
If "you," go to page 2

To correct respondent HELLO, I'm (name) calling for the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention. We're gathering information on the health of Kansas residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me 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: (72)

		Please Read
	1	Excellent
	2	Very good
	3	Good
	4	Fair
		or
	5	Poor
Do not read these responses	7	Don't know/Not sure
	9	Refused

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?

(73-74)

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

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?

— —	Number of days
8 8	None If Q1.2 also "None," go to Q2.1
7 7	Don't know/Not sure
9 9	Refused

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?

(77-78)

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

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? (79)

- 1 Yes
- 2 No **Go to Q2.3**
- 7 Don't know/Not sure **Go to Q2.3**
- 9 Refused **Go to Q2.3**

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

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

2.3. Do you have one person you think of as your personal doctor or health care provider? (81)

- If "no," ask 1 Yes, only one
- "Is there more 2 More than one
- than one or is 3 No
- there no person 7 Don't know/Not sure
- who you think of?" 9 Refused

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

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

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

- 1 Yes
- 2 No **Go to Q5.1**
- 7 Don't know/Not sure **Go to Q5.1**
- 9 Refused **Go to Q5.1**

4.2. Are you currently taking medicine for your high blood pressure? (84)

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

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

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

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don't know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma? (89)

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

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and female, ask "Was this only when you were pregnant?"	1	Yes
	2	Yes, but female told only during pregnancy Go to Q8.1 (arthritis)
	3	No Go to Q8.1 (arthritis)
	7	Don't know/Not sure Go to Q8.1 (arthritis)
	9	Refused Go to Q8.1 (arthritis)

Module 1: Diabetes

To be asked following core Q7.1 if response is "yes"

1. How old were you when you were told you have diabetes? (180-181)

__ __ Code age in years [97 = 97 and older]
9 8 Don't know/Not sure
9 9 Refused

2. Are you now taking insulin? (182)

1 Yes
2 No
9 Refused

3. Are you now taking diabetes pills? (183)

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

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.

1 __ __ Times per day
2 __ __ Times per week
3 __ __ Times per month
4 __ __ Times per year
8 8 8 Never
7 7 7 Don't know/Not sure
9 9 9 Refused

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. (187-189)

1 ___ ___ Times per day
2 ___ ___ Times per week
3 ___ ___ Times per month
4 ___ ___ Times per year
8 8 8 Never
5 5 5 No feet
7 7 7 Don't know/Not sure
9 9 9 Refused

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

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

___ ___ Number of times
8 8 None
7 7 Don't know/Not sure
9 9 Refused

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"? (193-194)

___ ___ Number of times [**76 = 76 or more**]
8 8 None
9 8 Never heard of hemoglobin "A one C" test
7 7 Don't know/Not sure
9 9 Refused

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? (195-196)

— —	Number of times
8 8	None
7 7	Don't know/Not sure
9 9	Refused

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. (197)

Read Only if Necessary

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
8	Never
7	Don't know/Not sure
9	Refused

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

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

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

State-Added Module 1: Accessory Diabetes

1. Is paying for your diabetes supplies a problem?

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

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
- 2 No
- 7 Don't know / not sure
- 9 Refused

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

Read only if necessary

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

Do not read the following responses

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

4. Were you hospitalized during the past two years?

- 1 Yes
- 2 No **Go to next section (Arthritis, question 8.1)**
- 7 Don't know/not sure **Go to next section (Arthritis, question 8.1)**
- 9 Refused **Go to next section (Arthritis, question 8.1)**

5. What was the reason for your most recent hospitalization?

- 01 Heart disease
- 02 Stroke
- 03 Diabetes
- 04 Infection
- 05 Amputation
- 06 Kidney problems
- 07 Eye problems
- 08 Numbness, tingling or pain in legs or feet
- 09 High blood pressure
- 10 Low blood sugar
- 11 Ketoacidosis (DKA) or diabetic coma
- 12 Other (specify:_____)
- 77 Don't know/not sure
- 99 Refused

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (91)

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

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

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

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

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

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

8.5. Have you ever been told by a doctor that you have arthritis? (95)

- 1 Yes
- 2 No **Go to Q9.1**
- 7 Don't know/Not sure **Go to Q9.1**
- 9 Refused **Go to Q9.1**

38.6. Are you currently being treated by a doctor for arthritis?

(96)

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

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

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

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs	1	Yes
= 100	2	No Go to Q11.1
cigarettes	7	Don't know/Not sure Go to Q11.1
	9	Refused Go to Q11.1

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

1	Every day
2	Some days
3	Not at all Go to Q11.1
9	Refused Go to Q11.1

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

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

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol 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. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

1 __ __ Days per week
2 __ __ Days in past 30
8 8 8 No drinks in past 30 days **Go to Q12.1**
7 7 7 Don't know/Not sure **Go to Q12.1**
9 9 9 Refused **Go to Q12.1**

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

__ __ Number of drinks
7 7 Don't know/Not sure
9 9 Refused

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

__ __ Number of times
8 8 None
7 7 Don't know/Not sure
9 9 Refused

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

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

Section 13: Demographics

13.1. What is your age? (110-111)

<u> </u> <u> </u>	Code age in years
0 7	Don't know/Not sure
0 9	Refused

13.2. Are you Hispanic or Latino? (112)

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

13.3. Which one or more of the following would you say is your race? (113-118)

		Please Read
Mark all	1	White
that apply	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify]
	8	No additional choices
Do not read	7	Don't know/Not sure
these responses	9	Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other **[specify]**
- 7 Don't know/Not sure
- 9 Refused

13.5. Are you: (120)

Please Read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

Do not read

- 9 Refused

13.6. How many children less than 18 years of age live in your household? (121-122)

- — Number of children
- 8 8 None
- 9 9 Refused

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

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

13.8. Are you currently: (124)

Please Read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- or
- 8 Unable to work

Do not read

- 9 Refused

13.9. Is your annual household income from all sources:

(125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	0 4	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
	0 3	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
	0 2	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
	0 1	Less than \$10,000 If "no," code 02
	0 5	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
	0 6	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
	0 7	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
	0 8	\$75,000 or more
Do not read these responses	7 7	Don't know/Not sure
	9 9	Refused

13.10. About how much do you weigh without shoes?

(127-129)

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

13.11. About how tall are you without shoes?

(130-132)

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

13.12. What county do you live in?

(133-135)

___ ___ ___	FIPS county code
7 7 7	Don't know/Not sure

9 9 9 Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

- 1 Yes
- 2 No **Go to Q13.15**
- 7 Don't know/Not sure **Go to Q13.15**
- 9 Refused **Go to Q13.15**

13.14. How many of these are residential numbers? (137)

- Residential telephone numbers [**6=6 or more**]
- 7 Don't know/Not sure
- 9 Refused

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

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

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

- 1 Male **Go to Q14.1**
- 2 Female

If respondent 45 years old or older, go to Q14.1

13.17. To your knowledge, are you now pregnant? (140)

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

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
(141)

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

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
(142)

- | | | |
|---|---|---------------------|
| Include occasional use or use in certain circumstances | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

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

(143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	1	Mostly sitting or standing
	2	Mostly walking
	3	or Mostly heavy labor or physically demanding work
Do not read these responses	7	Don't know/Not sure
	9	Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

1	Yes
2	No Go to Q15.5
7	Don't know/Not sure Go to Q15.5
9	Refused Go to Q15.5

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

— —	Days per week
8 8	Does not exercise 10 minutes weekly Go to Q15.5
7 7	Don't know/Not sure
9 9	Refused

15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

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

15.5. Now thinking about the vigorous physical activities you do [fill in (when you are not working) if "employed" or "self-employed" to core Q13.8] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

1 Yes
2 No **Go to Q16.1**
7 Don't know/Not sure **Go to Q16.1**
9 Refused **Go to Q16.1**

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

__ __ Days per week
8 8 Does not exercise 10 minutes weekly **Go to Q16.1**
7 7 Don't know/Not sure
9 9 Refused

15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

__ : __ __ Hours and minutes per day
9 9 9 Refused

7 7 7

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't Know/not Sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Section 17: Colorectal Cancer Screening

If respondent 49 years old or younger, go to HIV/AIDS Section

17.1. 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? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **Go to HIV/AIDS Section**
- 7 Don't know/Not sure **Go to HIV/AIDS Section**
- 9 Refused **Go to HIV/AIDS Section**

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure

Section 18: 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.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
- 2 False **Go to Q18.4**
- 7 Don't know/Not Sure **Go to Q18.4**
- 9 Refused **Go to Q18.4**

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

- Please Read**
- 1 Very effective
 - 2 Somewhat effective
 - or
 - 3 Not at all effective

Do not read 7 Don't know/Not sure

these responses

9

Refused

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?

(175-176)

— —	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]?

(177-178)

- — Facility code
- Read Only if Necessary**
- 0 1 Private doctor, HMO
 - 0 2 Blood bank, plasma center, Red Cross
 - 0 3 Health department
 - 0 4 AIDS clinic, counseling, testing site
 - 0 5 Hospital, emergency room, outpatient clinic
 - 0 6 Family planning clinic
 - 0 7 Prenatal clinic, obstetricians office
 - 0 8 Tuberculosis clinic
 - 0 9 STD clinic
 - 1 0 Community health clinic
 - 1 1 Clinic run by employer
 - 1 2 Insurance company clinic
 - 1 3 Other public clinic
 - 1 4 Drug treatment facility
 - 1 5 Military induction or military service site
 - 1 6 Immigration site
 - 1 7 At home, home visit by nurse or health worker
 - 1 8 At home using self-sampling kit
 - 1 9 In jail or prison
 - 8 7 Other
 - 7 7 Don't know/Not sure
 - 9 9 Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

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

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?

- 1 Yes
- 2 No **Skip to next module**
- 7 Don't Know/Not Sure **SKIP to next module**
- 9 Refused **Skip to next module**

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

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

2001 BRFSS SUPPLEMENTAL DISABILITY QUESTIONS

Final - October 3, 2000

DISABILITY-RELATED SUPPLEMENTAL ITEMS

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 Optional Module

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

The next two questions are about your support needs and life satisfaction.@

1. (D) How often do you get the social and emotional support you need? (367)

Would you say: Please Read

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

Do not
read these
responses

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

Would you say: Please Read (368)

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

Do not

read these responses	Refused	9
----------------------	---------	---

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

3.	(D)	Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?	(369)
----	-----	---	-------

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

4.	(D)	What is the farthest distance you can walk by yourself, without any special equipment or help from others?	(370)
----	-----	--	-------

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
	Don't know/Not sure		7

Do not read these responses	Refused	9
-----------------------------	---------	---

If Response to Q. 14.1 or 14.2 in the core or Q(D)-3 in the Disability Module is >Yes,= ask Q(D)-5, Q(D)-6, Q(D)-7, and Q(D)-8; otherwise, go to Q(D)-9.

5.	(M)	What is your MAJOR impairment or health problem?	(371-372)
----	-----	--	-----------

Reason Code

If respondent says "I'm not limited," say "I'm referring to the health problem or use of special equipment when I asked earlier	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

about limitations	h.	Heart problem	08
in your daily life.@	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

6. (M) For HOW LONG have your activities been limited because of your major impairment or health problem? (373-375)

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

7 (M) 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? (376)

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

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

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

9. (M) 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?(378-379)

a.	Number of days	--
----	----------------	----

- | | | | |
|-----|-----|---|-----|
| | b. | None | 8 8 |
| | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |
| 10. | (M) | During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?(380-381) | |
| | a. | Number of days | -- |
| | b. | None | 8 8 |
| | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |
| 11. | (M) | During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS? (382-383) | |
| | a. | Number of days | -- |
| | b. | None | 8 8 |
| | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |
| 12. | (M) | During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (384-385) | |
| | a. | Number of days | -- |
| | b. | None | 8 8 |
| | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |
| 13. | (M) | During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (386-387) | |
| | a. | Number of days | -- |
| | b. | None | 8 8 |
| | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |
| 14. | (D) | If number of adults equals 1 and core Q13.6 is "none," go to next section. | |

Is there anyone [fill in (else) if "yes" to Core Q14.1 or Q 14.2 or if Q(D)-3 in the Disability Module is ~~anyone~~ in your household who is LIMITED in any

way in any activities because of any physical, mental, or emotional problem or who uses special equipment? (388)

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

15. (D) How old are these people?

- | | | | |
|-------------------|----|----------|-----------------|
| Code ages | a. | person 1 | (389-390) |
| 97 = 97 and older | b. | person 2 | __ __ (391-392) |
| 98 = DK/NS | c. | person 3 | __ __ (393-394) |
| 99 = Refused | d. | person 4 | __ __ (395-396) |
| | e. | person 5 | __ __ (397-398) |

State-Added Module 3: Child Vehicle Safety

If A none@ or A refused@ to question Q13.6 (number of children under age 18 in household), skip to next module.

1. Next, I have a few questions related to children's health issues. In general, do you feel a child between 4 and 8 years of age is safer in a seat belt, child safety seat, booster seat, or without a restraining device while riding in a vehicle?

- 1 Seat belt
- 2 Child safety seat
- 3 Booster seat
- 4 None
- 7 Don't know / not sure
- 9 Refused

2. Previously, you indicated there were [number from core, Q13.6] children under age 18 in your household. What is the age of the [randomly selected -- oldest, second oldest, etc.] child?

- 1 ___ ___ Age in months
- 2 ___ ___ Age in years
- 7 7 7 Don't know/not sure **Skip to next module**
- 9 9 9 Refused **Skip to next module**

3. What is the gender of this child?

- 1 Male
- 2 Female
- 7 Don't know/not sure
- 9 Refused

If [randomly selected child] is 15 years of age or older, skip to next module.

4. During the past 30 days, how often did the [randomly selected child] use a child safety seat, booster seat, or seat belt when riding in a car, van, sports utility vehicle, or truck? Would you say:

Please read responses 1-6:

- | | |
|---|---|
| 1 | Always |
| 2 | More than of half the time |
| 3 | Half of the time |
| 4 | Less than half of the time |
| 5 | Never skip to Q7 |
| 6 | Did not ride in last 30 days skip to next module |
| 7 | Don't know / not sure |
| 9 | Refused |

If [randomly selected child] is between 10 and 14 years old, skip to Q5c. (Q5a, Q5b, and Q5c are asked for children 0-9; for children 10-14, only Q5c is asked).

- 5a. During that time, did the [randomly selected child] use: a child safety seat?

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

- 5b. (During that time, did the [randomly selected child] use): a booster seat?

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

- 5c. (During that time, did the [randomly selected child] use): a seat belt only?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

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

6. During the past 30 days, how often did the [randomly selected child] ride in the back seat? Would you say:

Please read responses 1-6:

- 1 Always
- 2 More than half of the time
- 3 Half of the time
- 4 Less than half of the time
- 5 Never
- 6 Vehicle has no back seat

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

State-added Module 4: Oral Health (modified)

Revised for use starting 02/01/2001

Questions added: 3, 7, 8, & 9

Question added for Aother@response to question 2

1. During the past 12 months, was there any time when you needed dental care but did not get it?

- 1 Yes
- 2 No **skip to Q3**
- 7 Don't know / not sure **skip to Q3**
- 9 Refused **skip to Q3**

2. What was the main reason you did not receive the dental care you needed?

Read only if necessary

- 1 Fear, apprehension, nervousness, pain, dislike going
- 2 Could not afford / cost / too expensive
- 3 Dentist would not accept my insurance, including Medicaid
- 4 Do not have/know a dentist
- 5 Lack transportation / too far away
- 6 Hours aren't convenient
- 7 Don't know / not sure
- 8 Other (specify: _____)
- 9 Refused

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

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

If randomly selected child is 2-17 years of age, proceed to Q4, else skip to next module.

4. These next few questions are about the [age of randomly-selected child]. Has the [randomly selected child] ever had any cavities or tooth decay?

- 1 Yes
- 2 No **skip to Q6**
- 7 Don't know / not sure **skip to Q6**
- 9 Refused **skip to Q6**

5. Have all the cavities that the [randomly selected child] been filled or repaired?

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

6. How long has it been since the [randomly selected child] last visited a dentist or dental clinic for any reason?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

7. During the past 12 months, was there any time when the [randomly selected child] needed dental care but did not get it?

- 1 Yes
- 2 No **skip to Q9**
- 7 Don't know / not sure **skip to Q9**
- 9 Refused **skip to Q9**

8. What was the main reason the [randomly selected child] did not receive the dental care [he/she] needed?

Read only if necessary

- 1 Fear, apprehension, nervousness, pain, dislike going
- 2 Could not afford / cost / too expensive
- 3 Dentist would not accept insurance, including Medicaid
- 4 Do not have/know a dentist
- 5 Lack transportation / too far away
- 6 Hours aren't convenient
- 7 Don't know / not sure
- 8 Other (specify: _____)
- 9 Refused

9. Does the [randomly selected child] have any kind of insurance coverage that pays for some or all of [his/her] routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

If randomly selected child is 7-17 years of age, proceed to Q10, else skip to next module.

10. 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. Has the [randomly selected child] ever had dental sealants placed on [her/his] teeth?

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

State-added Module 5: Prostate Cancer Counseling

If respondent is 39 years old or younger, or is female, go to next module.

1. Previously, I asked you some questions about tests for prostate cancer you may have had. Has your physician ever discussed with you both the advantages and disadvantages of being screened for prostate cancer?

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

State-added Module 6: Colorectal Cancer Counseling

If respondent is 49 years old or younger, go to next module.

1. I also previously asked you whether or not you have had tests for colorectal cancer. Has a doctor or other health professional ever talked to you about getting tested for colorectal cancer, or cancer of the bowel?

If Ayes@, ask how long ago

- | | |
|---|---|
| 1 | Yes, within the past 12 months (1 to 12 months ago) |
| 2 | Yes, within the past 3 years (1 to 3 years ago) |
| 3 | Yes, 3 or more years ago |
| 4 | No |
| 7 | Don't know / not sure |
| 9 | Refused |

State-added Module 7: Workplace Smoking

If respondent is out of work (core Q13.6 = 3,4), a homemaker (core Q13.6=5), a student (core 13.6=6) retired (core Q13.6=7) or unable to work (core Q13.6=8), skip to next module.

1. Which of the following best describes the policy about smoking at your work place?

Please read responses 1-5:

- 1 No smoking allowed anywhere
- 2 No smoking allowed inside
- 3 Smoking restricted to a few designated areas
- 4 Smoking allowed in most places except where posted
- 5 No policy regarding smoking
- 7 Don't know / not sure
- 9 Refused

State-added Module 8: Community Involvement

1. How would you rate your community as a place to live?

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

2. How long have you lived in the community in which you now live?

- | | |
|-----|--|
| — — | Number of years (enter 01 if less than one year) |
| 7 7 | Don't know / not sure |
| 9 9 | Refused |

3. During the past 5 years, have you been active in a coalition or civic group which attempted to address one or more community problems?

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

If Q2 > 5 and Q3 = @yes@, proceed to Q4, else skip to next module.

Next, I'd like you to rate your community on each of several issues as excellent, very good, good, fair, or poor.

4. How would you rate your community on its... Willingness of citizens to become involved in community issues?

- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |

- 5 Poor
- 7 Don't know / not sure
- 9 Refused

5. (How would you rate your community on its)... Availability of effective leadership for solving community problems?

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

6. (How would you rate your community on its)... Cooperation and communication between community organizations, including government, civic organizations, and social agencies?

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

7. (How would you rate your community on its)... People sharing a sense of belonging to the community?

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

8. (How would you rate your community on its)... Past history of community success at problem solving?

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

9. (How would you rate your community on its)... Community decision making shared among community members and among community organizations?

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

10. (How would you rate your community on its)... Community investment of financial resources in community problem-solving?

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

11. (How would you rate your community on its)... Availability of people in the community with skills to solve community problems?

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

12. (How would you rate your community on its)... Shared values and vision among community citizens?

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

13. (How would you rate your community on its)... Self-honesty and ability to learn from mistakes?

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

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.