

Kansas 2002
Behavioral Risk Factor Surveillance System

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HELLO, I'm calling for the Kansas Department of Health and Environment and the Centers for Disease Control and Prevention. My name is (name). We're gathering information on the health of Kansas residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

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**

Is this a private residence? **If "no":** Thank you very much, but we are only interviewing private residences. **Stop**

I 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 women below (Ask gender if necessary). **Go to page 2**

If "no" Is the adult a man or a woman? Enter 1 man or 1 women 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 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]:

- 7 Don't know/Not sure
- 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? (73)

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

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

[Note: If Anon, ask AIs there more than one or is there no person who you think of?@]

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know/Not sure
- 9 Refused

2.3. When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

Would you say: **[Please read]:**

- 1 A doctor's office
- 2 A public health clinic or community health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 Some other kind of place
- 8 No usual place

[Do not read]:

- 7 Don't know
- 9 Refused

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it?(76)

- 1 Yes **Go to 2.5**
- 2 No **Go to next section**
- 7 Don't know **Go to next section**
- 9 Refused **Go to next section**

2.5. What is the main reason you did not get medical care? (77-78)

[Note: if more than one instance ask about the most recent.]

Would you say: **Please read**

- 01 Cost [Include no insurance]
- 02 Distance
- 03 Office wasn't open when I could get there.
- 04 Too long a wait for an appointment
- 05 Too long a wait in waiting room
- 06 No child care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language.
- 10 Other

[Do not read]:

- 77 Don't know/ Not sure
- 99 Refused

Section 3: Exercise

3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (79)

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

Section 4: 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.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.2. Not counting juice, how often do you eat fruit? (83-85)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.3. How often do you eat green salad? (86-88)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
(89-91)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.5. How often do you eat carrots? (92-94)

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
[Example: A serving of vegetables at both lunch and dinner would be two servings.]

- 1 _ _ Per day
- 2 _ _ Per week
- 3 _ _ Per month
- 4 _ _ Per year
- 5 5 5 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

Section 5: Asthma

5.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?
(98)

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

(99)

5.2. Do you still have asthma?

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

Section 6: Diabetes

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

[Note: If Ayes@ and female, ask AWas this only when you were pregnant?@]

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know/Not sure
- 9 Refused

Module 1: Diabetes

To be asked following core Q6.1 if response is "yes"

1. How old were you when you were told you have diabetes? (193-194)

Code age in years [97 = 97 and older]

9 8 Don't know/Not sure

9 9 Refused

2. Are you now taking insulin? (195)

1 Yes

2 No

9 Refused

3. Are you now taking diabetes pills? (196)

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.(197-199)

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. (200-202)

1 __ Times per day
2 __ Times per week
3 __ Times per month
4 __ Times per year
5 5 5 No feet
8 8 8 Never
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? (203)

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? (204-205)

__ Number of times [76 = 76 or more]
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"? (206-207)

__ 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? (208-209)

_ _ Number of times [76 = 76 or more]
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. (210)

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? (211)

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? (212)

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

Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

[Note: Include visits to dental specialists, such as orthodontists.]

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
- 8 Never
- 9 Refused

7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)

[Note: Include teeth lost due to infection.]

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know/Not sure
- 9 Refused

IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

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
- 8 Never
- 9 Refused

Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- 1 Yes
- 2 No **Go to Q8.3**
- 7 Don't know/Not sure **Go to Q8.3**
- 9 Refused Go to **Q8.3**

8.2. At what kind of place did you get your last flu shot? (105-106)

[READ ONLY IF NECESSARY]

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital or emergency room
- 07 Workplace
- or
- 08 Some other kind of place
- 77 Don't know
- 99 Refused

8.3. 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. (107)

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

Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

[Note: 5 packs = 100 cigarettes.]

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

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

- 1 Every day
- 2 Some days
- 3 Not at all **Go to Q10.1**
- 9 Refused **Go to Q10.1**

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

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

Section 10: Alcohol Consumption

10.1. 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 many days per week or per month did you have at least 1 drink of any alcoholic beverage? (111-113)

- 1 _ _ Days per week
- 2 _ _ Days in past 30
- 8 8 8 No drinks in past 30 days **Go to Q11.1**
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused **Go to 11.1**

10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

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

10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

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

10.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

(118-119)

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

Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car? (120)

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

[Do not read]:

- 7 Don't know/Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 12: Demographics

12.1. What is your age? (121-122)

- Code age in years
- 0 7 Don't know/Not sure
- 0 9 Refused

12.2. Are you Hispanic or Latino? (123)

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

12.3. Which one or more of the following would you say is your race? (124-129)

[Mark all that apply. Please read]:

- 1 White
- 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
- 9 Refused

If more than one response to Q12.3, continue. Otherwise, go to Q12.5

12.4. Which one of these groups would you say best represents your race? (130)

- 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

12.5. Are you: (131)

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

12.6. How many children less than 18 years of age live in your household ? (132-133)

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

12.7. What is the highest grade or year of school you completed? (134)

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

12.8. Are you currently: (135)

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

12.9. Is your annual household income from all sources: (136-137)

[Note: If respondent refuses at any income level, code refused.]

Read as Appropriate

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

[Do not read]:

- 77 Don't know/Not sure
- 99 Refused

12.10. About how much do you weigh without shoes? (138-140)

[Note: Round fractions up.]

- ___ Weight in pounds
- 777 Don't know/Not sure
- 999 Refused

12.11. About how tall are you without shoes? (141-143)

[Note: Round fractions down.]

- _/__ Height in ft/inches
- 777 Don't know/Not sure
- 999 Refused

12.12. What county do you live in? (144-146)

- ___ FIPS county code
- 777 Don't know/Not sure
- 999 Refused

12.13. 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. (147)

- 1 Yes
- 2 No **Go to Q12.15**
- 7 Don't know/Not sure **Go to Q12.15**
- 9 Refused **Go to Q12.15**

12.14. How many of these are residential numbers? (148)

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

12.15. Indicate sex of respondent. Ask only if necessary (149)

- 1 Male **Go to Q13.1**
- 2 Female

If respondent 45 years old or older, go to Q13.1.

12.16. To your knowledge, are you now pregnant? (150)

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

Section 13: Family Planning

If respondent is female and 45 years of age or older, or pregnant , or male 60 years or older, go to next section.

Questions are asked of females 18-44 years of age and males 18-59 years of age.

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

13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert Ayou@, insert Aher@if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. (151)

[Interviewer: If respondent answers 'hysterectomy', then code 2. No, Skip to 13.4 and code 11. You or your partner had a hysterectomy]

[Note: If multiple partners, consider usual method.]

- 1 Yes
- 2 No **Go to Q13.4**
- 3 No partner/not sexually active **Go to 14.1**
- 4 Same sex partner **Go to 14.1**
- 7 Don't know/Not sure **Go to 14.1**
- 9 Refused **Go to 14.1**

13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert Ayou@, insert Aher@if male] from getting pregnant? (152-153)

[INTERVIEWER: Record respondent's condition if both have had sterilization procedures.]

[Read Only if Necessary]

- 01 Tubes tied (sterilization) **Go to 14.1**
- 02 Vasectomy (sterilization) **Go to 14.1**
- 03 Pill
- 04 Condoms
- 05 Foam, jelly, cream
- 06 Diaphragm
- 07 Norplant
- 08 IUD
- 09 Shots (Depo-Provera)

- 10 Withdrawal
- 11 Not having sex at certain times (rhythm)
- 12 No partner/Not sexually active **Go to 14.1**
- 13 Other method(s)
- 77 Don't know/not sure **Go to 14.1**
- 99 Refused **Go to 14.1**

13.3. What other method are you also using to prevent pregnancy? (154-155)

[Read only if necessary.]

- 01 Tubes tied (sterilization) **Go to 14.1**
- 02 Vasectomy (sterilization) **Go to 14.1**
- 03 Pill **Go to 14.1**
- 04 Condoms **Go to 14.1**
- 05 Foam, jelly, cream **Go to 14.1**
- 06 Diaphragm **Go to 14.1**
- 07 Norplant **Go to 14.1**
- 08 IUD **Go to 14.1**
- 09 Shots (Depo-Provera) **Go to 14.1**
- 10 Withdrawal **Go to 14.1**
- 11 Not having sex at certain times (rhythm) **Go to 14.1**
- 12 No partner/Not sexually active **Go to 14.1**
- 13 Other methods(s) **Go to 14.1**
- 87 NO other method(s) **Go to 14.1**
- 77 Don't know/not sure **Go to 14.1**
- 99 Refused **Go to 14.1**

Go to next section

13.4. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant?

[MALES] What is your main reason for not doing anything to keep your partner from getting pregnant? (156-157)

Read Only if Necessary

- 01 Not sexually active/no partner
- 02 Didn't think was going to have sex/no regular partner
- 03 You want a pregnancy
- 04 You or your partner don't want to use birth control
- 05 You or your partner don't like birth control/fear side effects
- 06 You can't pay for birth control

- 07 Lapse in use of a method
- 08 Don't think you or your partner can get pregnant
- 09 You or your partner had tubes tied (sterilization)
- 10 You or your partner had a vasectomy (sterilization)
- 11 You or your partner had a hysterectomy
- 12 You or your partner are too old
- 13 You or your partner are currently breast-feeding
- 14 You or your partner just had a baby/postpartum
- 15 Other reason
- 16 Don't care if get pregnant
- 17 Same sex partner
- 18 Partner is pregnant now
- 77 Don't know/not sure
- 99 Refused

If respondent is male, go to next section.

Section 14: Women's Health

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (158)

- 1 Yes
- 2 No Go to **Q14.3**
- 7 Don't know/Not sure **Go to Q14.3**
- 9 Refused Go to **Q14.3**

14.2. How long has it been since you had your last mammogram? (159)

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 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

14.3. 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? (160)

- 1 Yes
- 2 No **Go to Q14.5**
- 7 Don't know/Not sure **Go to Q14.5**
- 9 Refused **Go to Q14.5**

14.4. How long has it been since your last breast exam?
(161)

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/Not sure
- 9 Refused

- 14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)
- 1 Yes
 - 2 No **Go to Q14.7**
 - 7 Don't know/Not sure **Go to Q14.7**
 - 9 Refused **Go to Q14.7**

- 14.6. How long has it been since you had your last Pap smear? (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 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/Not sure
 - 9 Refused

If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then go to next section.

- 14.7. Have you had a hysterectomy? (164)

[Note: A hysterectomy is an operation to remove the uterus (womb).]

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

Section 15: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q16.1

15.1. 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? (165)

- 1 Yes
- 2 No **Go to Q15.3**
- 7 Don't Know/not Sure **Go to Q15.3**
- 9 Refused **Go to Q15.3**

15.2. How long has it been since you had your last PSA test? (166)

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

15.3. 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?

(167)

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

15.4. How long has it been since your last digital rectal exam? (168)

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

15.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

(169)

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

Section 16: Colorectal Cancer Screening

If respondent 49 years old or younger, go to Q17.1

16.1. 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? (170)

- 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 blood stool test using a home kit? (171)

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

16.3. 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? (172)

- 1 Yes
- 2 No **Go to 17.1**
- 7 Don't know/Not sure **Go to 17.1**
- 9 Refused **Go to 17.1**

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)

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
- 9 Refused

Section 17: HIV/AIDS

If respondent is 65 years old or older, go to next section.

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.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)

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

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (175)

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

17.3. How important do you think it is for people to know their HIV status by getting tested? (176)

Would you say:

Please Read

- 1 Very important
- 2 Somewhat important
- or
- 3 Not at all important
- 8 Depends on risk

[Do not read]

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

17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (177)

[Note: Include saliva tests.]

- 1 Yes
- 2 No **Go to Q17.8**
- 7 Don't know/Not sure **Go to Q17.8**
- 9 Refused **Go to Q17.8**

17.5. Not including blood donations, in what month and year was your last HIV test? (178-183)

[Interviewer note: If response is before January 1985 code "don't know". Include saliva tests.]

- __ / ____ Code month and year
- 77 7777 Don't know/Not sure
- 99 9999 Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (184-185)

Please Read

__ Reason code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

[Do not read]:

7 7 Don't Know/Not Sure
9 9 Refused

17.7. Where did you have your last HIV test? At a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (186-187)

-- Facility code

- 01 Private doctor or HMO
 - 02 Counseling and testing site
 - 03 Hospital
 - 04 Clinic
 - 05 In a jail or prison (or other correctional facility)
 - 06 Home
 - 07 Somewhere else
- [Do not read]:
- 7 7 Don't Know/Not Sure
 - 9 9 Refused

17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (188)

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

Do any of these situations apply to you?

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

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

17.9. In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (189)

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

Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1. Are any firearms kept in or around your home? (190)

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

18.2. Are any of these firearms now loaded? (191)

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

18.3 Are any of these loaded firearms also unlocked? By unlocked we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)

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

Module 5: Healthy Days - Health-Related Quality of Life

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

1. 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? (231-232)

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

2. 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? (233-234)

-- Number of days
8 8 None **If Q1 also "None", skip to next module**
7 7 Don't know/Not sure
9 9 Refused

3. 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? (235-236)

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

State-added Module 1: Activity Limitation

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

State-added Module 2: Diabetes Accessory

If respondent has been diagnosed with diabetes [core 6.1 = Ayes@], continue. Otherwise, skip to next module.

Next, I have just a few more questions about your 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 module**
- 7 Don't know/not sure **Go to next module**
- 9 Refused **Go to next module**

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

State-added Module 3: Smoke Detectors

1. Which of the following best describes whether you have a smoke detector in your home?
Is it **(please read responses 1-5)**:

- 1 I don't have a smoke detector. **Skip to Q3**
- 2 I have an installed and working smoke detector.
- 3 I have a smoke detector, but it is not installed. **Skip to Q3**
- 4 I have a smoke detector, but it is broken or the battery is missing. **Skip to Q3**
- 5 I have a smoke detector but don't know if it works. **Skip to Q3**

[Do not read]:

- 7 Don't know / not sure **Skip to Q3**
 - 9 Refused **Skip to Q3**
2. Do you have a functioning smoke detector on every level of your home and outside each sleeping area?
- 1 Yes
 - 2 No
 - 7 Don't know/not sure
 - 9 Refused
3. Does your family have an escape plan in case of fire in the home?
- 1 Yes
 - 2 No **Skip to next module**
 - 7 Don't know/not sure **Skip to next module**
 - 9 Refused **Skip to next module**
4. Has your family practiced an escape plan in case of fire in the home?
- 1 Yes
 - 2 No
 - 7 Don't know/not sure
 - 9 Refused

Module 15: Other Tobacco Products

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (338)
 - 1 Yes
 - 2 No **Skip to Q3**
 - 7 Don't know/Not sure **Skip to Q3**
 - 9 Refused **Skip to Q3**

2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (339)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

3. Have you ever smoked a cigar, even one or two puffs? (340)
 - 1 Yes
 - 2 No **Skip to Q5**
 - 7 Don't know/Not sure **Skip to Q5**
 - 9 Refused **Skip to Q5**

4. Do you now smoke cigars every day, some days, or not at all? (341)
 - 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know/Not sure
 - 9 Refused

5. Have you ever smoked tobacco in a pipe, even one or two puffs? (342)
 - 1 Yes
 - 2 No **Skip to Q7**
 - 7 Don't know/Not sure **Skip to Q7**
 - 9 Refused **Skip to Q7**

6. Do you now smoke a pipe every day, some days, or not at all? (343)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

7. A bidi is a flavored cigarette from India.. Have you ever smoked a bidi, even one or two puffs? (344)

- 1 Yes
- 2 No Go to next module
- 7 Don't know/Not sure Go to next module
- 9 Refused Go to next module

8. Do you now smoke bidis every day, some days, or not at all? (345)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

State-added Module 4: Supplementary Tobacco Questions

1. Which statement best describes the rules about smoking inside your home?

[Please read 1-4]:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
- 4 There are no rules about smoking inside the home

[Do not read these responses]:

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

2. In restaurants, do you feel that smoking should be:

[Please read 1-3]:

- 1 Totally banned
- 2 Allowed in designated areas
- 3 Allowed anywhere

[Do not read these responses]:

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

State-added Module 5: Oral Health

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 Q4**
- 7 Don't know / not sure **Skip to Q4**
- 9 Refused **Skip to Q4**

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. Are you currently in need of any dental services such as fillings, dentures, partials, teeth pulled, caps, crowns, or root canals?

- 1 Yes, fillings, crowns, root canals
- 2 Yes, teeth pulled, dentures, or partials
- 3 Yes, both
- 4 No
- 7 Don't know / not sure
- 9 Refused

4. 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 respondent is current tobacco user [A some days@ or A every day@ to core 9.2, or to questions 2, 4, 6, or 8 in Module 15] and has ever visited a dentist or dental clinic [core 7.1 is not A never@] proceed to question 5. Otherwise, skip to question 6.

5. The last time you saw your dentist for dental care, did he or she examine all surfaces of the inside of your mouth, including the back of the throat and under the tongue?

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

6. Previously, you indicated there were [number from core, Q12.6] 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**

7. What is the gender of this child?

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

If randomly selected child is 7-17 years of age, proceed to Q8, else skip to next module.

8. 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 6: Childhood Immunization Opinions

If no children in household, skip to closing.

1. The next three questions are about childhood immunizations. Have you attempted to obtain the immunizations or shots for your [child/children] that your [child-s/children-s] physician has recommended?

- 1 Yes **Skip to Q3**
- 2 No
- 3 Doctor has not recommended any immunizations
- 7 Don't know / not sure **Skip to Q3**
- 9 Refused **Skip to Q3**

2. What are the main reasons why you have not attempted to obtain immunizations for your [child/children]?

Mark all that apply

- 1 Children get too many vaccines
- 2 Children get vaccines too early in life
- 3 Vaccinations may cause chronic disease or learning disabilities
- 4 Concerns about ingredients in vaccines
- 5 Vaccines are not tested enough for safety
- 6 Children receive too many shots during one doctor's visit
- 7 Vaccines are given for diseases that are not that serious
- 8 Religious reasons
- 9 Insurance company won't cover cost
- 10 Child does not have insurance
- 11 Cost / can not afford
- 12 Medical condition
- 13 Other (specify: _____)
- 77 Don't know / not sure
- 99 Refused

3. In general, how confident are you in the safety of the routine childhood immunizations? Would you say very confident, confident, somewhat confident, or not at all confident?

- 1 Very confident
- 2 Confident
- 3 Somewhat confident
- 4 Not at all confident

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

State-added Module 7: Mental Health

1. During the past 12 months, did you ever feel so sad or hopeless every day for two weeks or more in a row that you stopped doing some usual activities?

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

The following questions deal with suicide. Many people feel that this subject is personal, but we would appreciate your trying to answer these questions. Remember that you don't have to answer any questions that you don't want to.

2. During the past 12 months, have you seriously considered taking your own life, even if you would not really do it?

- 1 Yes
- 2 No **Skip to Q4**
- 7 Don't know / not sure
- 9 Refused

3. During the past 12 months, did you make a plan about how you would attempt suicide?

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

4. During the past 12 months, how many times have you made an attempt to take your own life?

- Number of times
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

We're finished with the suicide questions now. We are offering all respondents the phone number for the National Hope Line Network; this is a network of crisis centers across the country. Would you like the phone number for the National Crisis Hotline at this time? **[IF RESPONDENT INDICATES THEY**

WANT THE NUMBER:] The number is 1-800-SUICIDE (1-800-784-2433); this is the National Hope Line Network. Or if you would like, I can connect you directly with a confidential counselor at the hotline now.

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.