

Kansas 2003
Behavioral Risk Factor Surveillance System

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Interviewer's Script:

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: (73)

[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

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? (74-75)

- 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? (76-77)

- Number of days
- 8 8 None **If Q1.2 also "None", skip to next module**
- 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? (78-79)

- 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? (80)

- 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?
(If "No," ask: "Is there more than one or is there no person who you think of?") (81)

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

2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 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? (83)

- 1 Yes
- 2 No

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

Section 4: Diabetes

- 4.1 Have you ever been told by a doctor that you have diabetes? (84)
(If "Yes" and respondent is female, ask: "Was 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

[If AYes@ then skip to Module 1: Diabetes]

Section 5: Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (85)
(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

- 1 Yes
- 2 Yes, only during pregnancy. **[Go to next section]**
- 3 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 5.2 Are you currently taking medicine for your high blood pressure? (86)

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

Section 6: Cholesterol Awareness

- 6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (87)

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

6.2 About how long has it been since you last had your blood cholesterol checked? (88)

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

6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

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

Section 7: 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.

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

- 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

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

- 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

7.3 How often do you eat green salad? (96-98)

- 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

7.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?
(99-101)

- 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

7.5 How often do you eat carrots? (102-104)

- 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

7.6 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.)
(105-107)

- 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 8: Weight Control

8.1 Are you now trying to lose weight? (108)

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

8.2 Are you now trying to maintain your current weight that is to keep from gaining weight? (109)

- 1 Yes
- 2 No [**Go to Q8.6**]
- 7 Don't know / Not sure [**Go to Q8.6**]
- 9 Refused [**Go to Q8.6**]

8.3 Are you eating either fewer calories or less fat to... (110)

lose weight? [**if "Yes" to Q8.1**]

keep from gaining weight? [**If "Yes", to Q8.2**]

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure

9 Refused
8.4 Are you using physical activity or exercise to Y.(111)

lose weight? [If "Yes" to Q8.1]

keep from gaining weight? [If "Yes" to Q8.2]

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

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

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)

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

9.2 Do you still have asthma? (114)

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

Section 10: Immunization

10.1 During the past 12 months, have you had a flu shot? (115)

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

10.2 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. (116)

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

Section 11: Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? (117)

NOTE: 5 packs = 100 cigarettes

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

11.2 Do you now smoke cigarettes every day, some days, or not at all? (118)

- 1 Everyday
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (119)

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

Section 12: Alcohol Consumption

12.1 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 one drink of any alcoholic beverage? (120-122)

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

12.2 On the days when you drank, about how many drinks did you drink on the average? (123-124)

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

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (125-126)

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

Section 13: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

13.1 Have you had a sunburn within the past 12 months? (127)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

13.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (128)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14: Demographics

14.1 What is your age? (129-130)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino? (131)

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

14.3 Which one or more of the following would you say is your race? (132-137)

Check 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: _____)

Do not read:

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (138)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (specify: _____)
- 7 Don't know / Not sure
- 9 Refused

14.5 Are you? (139)

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

14.6 How many children less than 18 years of age live in your household? (140-141)

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

14.7 What is the highest grade or year of school you completed? (142)

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

14.8 Are you currently? (143)

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

14.9 Is your annual household income from all sources? (144-145)
[If respondent refuses at ANY income level, code '99 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

14.10 About how much do you weigh without shoes? (146-148)

[Round fractions up]

___ ___ ___ Weight
pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.11 How much would you like to weigh? (149-151)

__ __ __ Weight
pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.12 About how tall are you without shoes? (152-154)

[Round fractions up]

__ / __ __ Height
ft / inches

7 7 7 Don't know / Not sure

9 9 9 Refused

14.13 What county do you live in? (155-157)

__ __ __ FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

14.14 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. (158)

1 Yes

2 No **[Go to Q14.16]**

7 Don't know / Not sure **[Go to Q14.16]**

9 Refused **[Go to Q14.16]**

14.15 How many of these phone numbers are residential numbers? (159)

__ Residential telephone numbers [6=6 or more]

7 Don't know / Not sure

9 Refused

14.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include when service is interrupted by weather or natural disasters.(160)

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

14.17 Indicate sex of respondent. Ask only if necessary. (161)

- 1 Male **[Go to next section]**
- 2 Female

If respondent 45 years old or older, go to next section.

14.18 To your knowledge, are you now pregnant? (162)

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

Section 15: Arthritis

15.1 "The next questions refer to your joints. Please do NOT include the back or neck. "DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.2 Did your joint symptoms FIRST begin more than 3 months ago? (164)

- 1 Yes
- 2 No **[Go to Q15.4]**
- 7 Don't Know / Not Sure **[Go to Q15.4]**
- 9 Refused **[Go to Q15.4]**

15.3 Have you EVER seen a doctor or other health professional for these joint symptoms? (165)

- 1 Yes
- 2 No

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

15.4 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (166)

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

[Interviewer note: Arthritis diagnoses include:]

- A rheumatism, polymyalgia rheumatica
- A osteoarthritis (not osteoporosis)
- A tendonitis, bursitis, bunion, tennis elbow
- A carpal tunnel syndrome, tarsal tunnel syndrome
- A joint infection, Reiter's syndrome
- A ankylosing spondylitis; spondylosis
- A rotator cuff syndrome
- A connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- A vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)

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

NOTE: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

***IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

15.6 "In this next question we are referring to work for pay. "Do arthritis or joint symptoms now effect whether you work, the type of work you do, or the amount of work you do? (168)

NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

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

Section 16: Falls

To be asked only of people 45 years or older.

"The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

16.1 In the past 3 months, have you had a fall? (169)

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

16.2 Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

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

Section 17: Disability

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

17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

- 1 Yes

- 2 No
- 7 Don't know / Not Sure
- 9 Refused

17.2 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? (172)
Include occasional use or use in certain circumstances.

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

Section 18: Physical Activity

If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.

18.1 When you are at work, which of the following best describes what you do?
Would you say? (173)

If respondent has multiple jobs, include all jobs

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- or
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 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.

18.2 Now, thinking about the moderate activities you do **[fill in (when you are not working,) if "employed" or self-employed"]** 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? (174)

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

18.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (175-176)

- __ __ Days per week
- 7 7 Don't know / Not sure **[Go to Q18.5]**
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q18.5]**
- 9 9 Refused **[Go to Q18.5]**

18.4 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? (177-179)

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

18.5 Now, thinking about the vigorous activities you do **[fill in (when you are not working) if "employed" or "self-employed"]** 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? (180)

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

18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (181-182)

- __ __ Days per week
- 7 7 Don't know / Not sure **[Go to next section]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
- 9 9 Refused **[Go to next section]**

18.7 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? (183-185)

__:__ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

Section 19: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

19.1 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? (186)

1 Yes

2 No [Go to next section]

7 Don't know / Not sure [Go to next section]

9 Refused [Go to next section]

19.2 Which of the following best describes your service in the United States military? (187)

Please read:

1 Currently on active duty [**Go to next section**]

2 Currently in a National Guard or Reserve unit [**Go to next section**]

3 Retired from military service

4 Medically discharged from military service

5 Discharged from military service

Do not read:

7 Don't know / Not sure [Go to next section]

9 Refused [Go to next section]

19.3 In the last 12 months have you received some or all of your health care from VA facilities? (188)

If "yes" probe for "all" or "some" of the health care.

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

Section 20: 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.

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

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

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

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

20.3 How important do you think it is for people to know their HIV status by getting tested? (191)

Please read: Would you say?

- 1 Very important
- 2 Somewhat important
- Or
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (192)

Include saliva tests

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

20.5 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests.) (193-198)

NOTE: If response is before January 1985, code "Don't know".

__ __ / __ __ __ __ Code month and year
7 7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 9 Refused

20.6 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? (199-200)

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 a part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read:

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

20.7 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? (201-202)

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

20.8 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. (203)

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.

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (204)

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

Module 1: Diabetes

To be asked following core Q4.1 if response is "yes"

1. How old were you when you were told you have diabetes? (205-206)

Code age in years [97 = 97 and older]

- 9 8 Don't know/Not sure
- 9 9 Refused

2. Are you now taking insulin? (207)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills? (208)

- 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.(209-211)

- 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. (212-214)

- 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

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (215)

- 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? (216-217)

- __ 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"? (218-219)

- __ 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? (220-221)

-- 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. (222)

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? (223)

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? (224)

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

[Skip back to Core Q5.1]

Module 13: Arthritis

NOTE: Only asked of respondents with chronic joint symptoms or doctor diagnosed arthritis (Core Q15.2=1 OR Core Q15.4=1)

Interviewer please read:

1. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? (323)

Please read :

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

- 7 Don't know / Not sure
 - 9 Refused
2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (324)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused
 3. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms? (325)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure

9 Refused

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

State-added Module 1: Arthritis

NOTE: Only asked of respondents with chronic joint symptoms or doctor diagnosed arthritis (Core Q15.2=1 OR Core Q15.4=1)

1. To your knowledge, are there educational courses or classes available in your community that could teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

2. Do you currently participate in physical activity or exercise to help manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

3. Do you currently participate in any support group to help manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

4. Has a doctor or other health professional ever suggested you participate in an Arthritis Foundation program to help manage problems related to your arthritis or joint symptoms?

- 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: Origin and Language

1. Do you consider English to be your primary or ~~A~~first language?

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

2. What language do you consider to be your primary or **Afirst@** language?

[Do not read]

- 1 Spanish
- 2 Cambodian
- 3 Chinese (use this code also for Cantonese or Mandarin)
- 4 Hmong
- 5 Japanese
- 6 Korean
- 7 Lao
- 8 Mien
- 9 Vietnamese
- 10 Arabic
- 11 Romanian
- 12 Russian
- 13 Tagalog (pronounced ta-GA-log) / Pilipino
- 14 Ukrainian

- 15 Other (specify: _____)
- 77 Don't know/not sure
- 99 Refused

3. In what country were you born?

- 1 United States
- 2 Mexico
- 3 Other (specify: _____)
- 7 Don't know/not sure
- 9 Refused

If response to Q3 = 1 skip to next module

4. How long have you lived in the United States?

- 1 _ _ Months
- 2 _ _ Years
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

State-added Module 4: Occupation and Absenteeism

If Aemployed@, Aself-employed@, Astudent@, or Aretired@ to core Q14.8, continue. Otherwise go to next module.

1. Previously, you indicated you were (a) [insert response from core, Q14.8]. On the average, how many hours per week, **if any**, do you work at a job or business?

__ __ Number of hours (**76 = 76 or more hours**)
88 Do not work/None **Go to next module**
77 Don't know/Not sure **Go to next module**
99 Refused **Go to next module**

2. What kind of work do you now? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

Specify: _____

3. What kind of business or industry is this? (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

Specify: _____

The next 4 questions are about days you may have missed from work. During the past 12 months, excluding vacation days, maternity or paternity leave, or other planned days off...

4. ... how many days did you miss work due to a physical illness that you had?

__ __ __ Number of days
888 None **Go to next module**
777 Don't know / not sure **Go to next module**
999 Refused **Go to next module**

5. ... how many days did you miss work due to a physical illness of another person?

__ __ __ Number of days
888 None
777 Don't know / not sure
999 Refused

6. ... how many days did you miss work due to your own stress, depression or problems with emotions?

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

7. ... how many days did you miss work due to another person's stress, depression, or problems with emotions?

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

8. Not including physical illness or stress, depression, or problems with emotions, how many days, during the past 12 months, did you miss work for any other reason? This excludes vacation days, maternity or paternity leave, or other planned days off.

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

State-added Module 5: Health Care Coverage

If Ayes® to core Q2.1, continue. Otherwise go to next module.

Previously I asked you about your health care coverage.

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

Is it coverage through:

Please Read:

- 01 Your Employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service (or the Alaska Native Health Service)
- 08 Some other source

Do not read:

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

State-added Module 6: Traumatic Brain Injury

The next question is about injuries you or someone in your household may have had.

1. Including yourself, how many people in your household have received medical care or are limited in any way in any activities as a result of an injury to their head or brain?

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

State-added Module 7: Tetanus

1. During the past ten years have you received a tetanus shot?

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

State-added Module 8: Transportation Physical Activity

The next two questions are about physical activity that you may do as part of your daily transportation to your job, the store, or other places that you go. Please include physical activity that you may have included in your previous answers.

1. During the past month, did you walk for transportation, like to go to or from work, to run errands, or to go somewhere else that you wanted or needed to go?

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

2. During the past month, did you ride a bicycle for transportation, like to go to or from work, to run errands, or to go somewhere else that you wanted or needed to go?

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

State-added Module 9: Adult Asthma

If respondent has been diagnosed with asthma and has current asthma [core 9.2 = Ayes@], continue. Otherwise, skip to next module.

Previously you said that you were told by a doctor, nurse or other health professional that you had asthma.

1. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- __ __ Number of visits [**87 = 87 or more**]
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

2. **[If one or more visits to Q1, fill in (Besides those emergency room visits,)]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- __ __ Number of visits [**87 = 87 or more**]
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

3. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

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

4. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes an inhaler.

[Please read]:

Would you say?

- 1 Less than once a week
 - 2 Once or twice a week
 - 3 More than 2 times a week, but not everyday
 - 4 Once every day
- Or
- 5 2 or more times every day
 - 6 My doctor didn't prescribe any
 - 8 Didn't take any

[Do not read]:

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

State-added Module 10: Childhood Asthma

If no children under age 18 in the household, go to closing.

1. Previously, you indicated there were [number from core, Q14.6] 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 **Go to closing**
- 9 9 9 Refused **Go to closing**

2. What is the gender of this child?

- 1 Male
- 2 Female
- 9 Refused **Go to closing**

3. Has the [randomly selected child] ever been diagnosed with asthma?

- 1 Yes
- 2 No **Go to closing**
- 7 Don't know/not sure **Go to closing**

9 Refused **Go to closing**

4. Does the [randomly selected child] still have asthma?

1 Yes

2 No **Go to closing**

7 Don't know/not sure **Go to closing**

9 Refused **Go to closing**

5. During the past 12 months, how many days has the [randomly selected child] missed school or day care because of [his/her] asthma?

— — — Number of days

5 5 5 Not in school or day care / home schooled

8 8 8 None

7 7 7 Don't know / not sure

9 9 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 Kansas. Thank you very much for your time and cooperation.