

Kansas 2004
Behavioral Risk Factor Surveillance System
1/16/04

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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. 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

Section 2: Healthy Days - Health-related Quality of Life

2.1. 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? (74-75)

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

2.2. 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? (76-77)

- __ __ Number of days
- 8 8 None **[If Q2.1 also "None", go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

- 2.3. 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? (78-79)

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

Section 3: Health Care Access

- 3.1. 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

- 3.2. Do you have one person you think of as your personal doctor or health care provider? (81)
(If "No," ask: "Is 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

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

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

Section 4: Exercise

- 4.1. 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 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (84)

Read if necessary: If you are experiencing an illness or symptom within the past 12 months that was caused by something in the air you encountered over 12 months ago, the answer is "Yes".

1 Yes
2 No
7 Don't know
9 Refused

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)

Read if necessary: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".

1 Yes
2 No
7 Don't know
9 Refused

Section 6: 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.

6.1 Have you had a sunburn within the past 12 months? (86)

- 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 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?
(87)

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

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (88)
[Interviewer: 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]

7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

- 1 Every day
- 2 Some days
- 3 Not at all Go to next section
- 9 Refused Go to next section

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

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

Section 8: Alcohol Consumption

8.1. 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? (91-93)

- 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]**

8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

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

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

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

8.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

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

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (100)

- 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? (101)

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes? (102)

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

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

Section 11: Oral Health

11.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (103)

[Interviewer: Include visits to dental specialists, such as ortho-dentists.]

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

11.2. 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. (104)

[Interviewer: 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 Q11.1 = 8/NEVER OR Q11.2 = 3/ALL, SKIP TO NEXT SECTION

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (105)

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 12: Immunization

12.1. During the past 12 months, have you had a flu shot? (106)

Read if necessary: We want to know if you had a flu shot injected in your arm.

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
(107)

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

12.3. 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. (108)

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

Section 13: Demographics

13.1. What is your age? (109-110)

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

13.2. Are you Hispanic or Latino? (111)

- 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? (112-117)

[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 Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race?
(118)

- 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

13.5 Are you? (119)

[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? (120-121)

___ ___ Number of children

8 8 None

9 9 Refused

13.7 What is the highest grade or year of school you completed? (122)

[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? (123)

[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? (124-125)
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

13.10. About how much do you weigh without shoes? (126-129)

[Note: If respondent answers in metrics, put "9" in 1st column (126).]

Round fractions up

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

13.11. About how tall are you without shoes? (130-133)
[Note: If respondent answers in metrics, put "9" in 1st column (130).]

Round fractions down

___ ___ / ___ ___ Height in ft / inches or meters/centimeters
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.12. What county do you live in? (134-136)

___ ___ ___ 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.
(137)

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 phone numbers are residential numbers? (138)

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

13.15. During the past 12 months, has your household been without telephone service for 1 week or more? (139)
[Note: Don't include interruptions of phone service due to weather or natural disasters.]

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

13.16. Indicate sex of respondent. Ask only if necessary. (140)

1 Male [Go to next section]
2 Female

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

13.17. To your knowledge, are you now pregnant? (141)

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

Section 14: Veteran's Status

14.1 The next question relates to military service. 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? (142)

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

14.2 Which of the following best describes your service in the United States Military? (143)

[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]

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

(144)

[Interviewer: 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
- 4 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

If respondent is male go to next section

15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refuse [Go to Q15.3]

15.2. How long has it been since you had your last mammogram? (146)

[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

15.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breasts exam? (147)

- 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 breast exam? (148)

[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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

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

15.6 How long has it been since you had your last Pap smear? (150)

[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 Q13.17 is 1 (is pregnant) go to next section

15.7. Have you had a hysterectomy? (151)
[A hysterectomy is an operation to remove the uterus (womb).]

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

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? (152)

- 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? (153)

[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

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?
(154)

- 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? (155)

- 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

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (156)

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

Section 17: Colorectal Cancer Screening

If respondent is 49 years old or younger, go to Q18.1

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? (157)

- 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? (158)

[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 colon for signs of cancer or other health problems. Have you ever had either of these exams? (159)

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

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

[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 18: Family Planning

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

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you], if male, insert her] from getting pregnant? (161)

[NOTE: If more than one partner, consider usual partner.]

- | | | |
|---|--------------------------------|-----------------------------|
| 1 | Yes | |
| 2 | No | [Go to Q18.3] |
| 3 | No partner/not sexually active | [Go to next section] |
| 4 | Same sex partner | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

- 18.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant? (162-163)

[Read only if necessary:]

- | | | |
|----|---|-----------------------------|
| 01 | Tubes tied | [Go to next section] |
| 02 | Hysterectomy (female sterilization) | [Go to next section] |
| 03 | Vasectomy (male sterilization) | [Go to next section] |
| 04 | Pill, all kinds (Seasonale, etc.) | [Go to Q18.4] |
| 05 | Condoms (male or female) | [Go to Q18.4] |
| 06 | Contraceptive implants (Jadelle or Implants) | [Go to Q18.4] |
| 07 | Shots (Depo-Provera) | [Go to Q18.4] |
| 08 | Shots (Lunelle) | [Go to Q18.4] |
| 09 | Contraceptive Patch | [Go to Q18.4] |
| 10 | Diaphragm, cervical ring, or cap (Nuvaring or others) | [Go to Q18.4] |
| 11 | IUD (including Mirena) | [Go to Q18.4] |
| 12 | Emergency contraception (EC) | [Go to Q18.4] |
| 13 | Withdrawal | [Go to Q18.4] |
| 14 | Not having sex at certain times (rhythm) | [Go to Q18.4] |
| 15 | Other method (foam, jelly, cream, etc.) | [Go to Q18.4] |
| 77 | Don't know / Not sure | [Go to Q18.4] |
| 99 | Refused | [Go to Q18.4] |

18.3 What is the main reason for not doing anything to keep [if female, insert "you," if male, insert "your wife/partner"] from getting pregnant? (164-165)

[Read only if necessary:]

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **[Go to next section]**
- 09 You or your partner had a vasectomy (sterilization) **[Go to next section]**
- 10 You or your partner had a hysterectomy **[Go to next section]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 Partner is pregnant now **[Go to next section]**

[Do not read:]

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

18.4.1 How do you feel about having a child now or sometime in the future? Would you say: (166)

[Please read:]

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

[Do not read:]

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.5 How soon would you want to have a child? Would you say: (167)

[Please read:]

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now
- 4 5 or more years from now

[Do not read:]

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

Section 19: Disability

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

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

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

19.2. 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?
(169)

[Note: Include occasional use or use in certain circumstances]

- 1 Yes
- 2 No
- 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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. 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 she will pass the virus on to her baby. (170)

- 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. (171)

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

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

[Note: Include saliva tests.]

- 1 Yes
- 2 No [Go to Q20.10]
- 7 Don't know/ Not sure [Go to Q20.10]
- 9 Refused [Go to Q20.10]

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

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

20.5. Not including blood donations, in what month and year was your last HIV test?
(175-180)

[Note: Include saliva tests.]

[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? (181-182)

__ __ Reason Code

[Please read:]

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drugs
- 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

- 20.7. Where did you have your last HIV test - at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else? (183-184)

Facility codes:

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

[Do not read:]

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

If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10.

- 20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

- 20.9 Was this test done by a nurse or other health worker, or with a home testing kit? (186)

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

20.10. 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.

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? (187)

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

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

In the past 12 months, has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (188)

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

Section 21: Firearms

The next 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.

21.1. Are any firearms kept in or around your home? (189)

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

21.2. Are any of these firearms now loaded? (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]

21.3. 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. (191)

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

State-added Module 11: Occupation

If “employed”, “self-employed”, “student”, or “retired” to core Q13.8, continue. Otherwise go to next module.

1. Previously, you indicated you were (a) [insert response from core, Q13.8]. 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: _____

Part A

Module 1: Diabetes

To be asked following core Q10.1 if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (195-196)

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

2. Are you now taking insulin? (197)

 1 Yes
 2 No
 9 Refused

3. Are you now taking diabetes pills? (198)

 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. (199 - 201)

 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. (202 - 204)

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? (205)

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? (206-207)

___ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

8. A test for "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 "A one C"? (208-209)

___ Number of times [76 = 76 or more]
8 8 None
9 8 Never heard of "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? (210-211)

___ ___ 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. (212)

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? (213)

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? (214)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Skip back to core Q11.1

State-added Module 1: Diabetes Accessory

1. 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

Q2skip: If Q3.2 = 1 or 2, continue, else go to Q3skip

2. When you go to the doctor for your diabetes, how often does your doctor tell you when to return for your next diabetes check-up?
Would you say:

[Please read]:

- 1 Always
- 2 Usually
- 3 Sometimes
- Or
- 4 Never

[Don't read]:

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

Q3skip: If Diabetes Module Q4 = "Never", "Don't know / Not sure", "Refused" (888, 777, 999) skip to Q4 (Q3 is asked of respondents who said that they check their blood sugars)

3. Earlier you said that you check your blood for sugar or glucose. Please tell me what steps you take when you find that your blood sugar or glucose is elevated. Include times when you are helped by family members or friends to take those steps.

[Mark all that apply]:

- 1 Exercise
- 2 Take or adjust my dose of insulin
- 3 Go to the nearest emergency room
- 4 Call my doctor
- 5 Nothing
- 6 Other (specify:_____)
- 7 Don't know / Not sure
- 9 Refused

4. Knowing that you have diabetes, please tell me what steps you take to avoid having an elevated blood sugar.

[Mark all that apply]:

- 1 Control carbohydrate intake/awareness of carbohydrate intake
- 2 Count carbohydrates
- 3 Exercise
- 4 Test blood sugar or glucose
- 5 Adjust medication
- 6 Nothing
- 8 Other (specify:_____)
- 7 Don't know / Not sure
- 9 Refused

5. How often does your doctor ask to see a record of what your blood sugars are at home?

Would you say:

[Please read]:

- 1 Always
- 2 Usually
- 3 Sometimes
- Or
- 4 Never

[Don't read]:

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

State-added Module 2: 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.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

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

2. Not counting juice, how often do you eat fruit?

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

3. How often do you eat green salad?

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. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

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

5. How often do you eat carrots?

- 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

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

State-added Module 3: Physical Activity

If "employed" or "self-employed" to core Q13.8 continue, otherwise go to Q2.

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

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.

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?

1 Yes
2 No [Go to Q5]
7 Don't know / Not sure [Go to Q5]
9 Refused [Go to Q5]

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

__ __ Days per week
7 7 Don't know / Not sure [Go to Q5]
8 8 Do not do any moderate physical activity for at least 10 minutes at a time
[Go to Q5]
9 9 Refused [Go to Q5]

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?

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

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?

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

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
- ___ ___ Days per week
- 7 7 Don't know / Not sure **[Go to next module]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time
[Go to next module]
- 9 9 Refused **[Go to next module]**
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?
- __:__ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Module 3: Hypertension Awareness

1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (224)
- (If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")**
- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next module]**
- 3 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**
2. Are you currently taking medicine for your high blood pressure? (225)
- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 4: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (226)

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

2. About how long has it been since you last had your blood cholesterol checked? (227)

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

3. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? (228)

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

Module 11: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure.
- a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (275)

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

- b. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (276)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (277)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (278)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (279)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- f. (Do you think) shortness of breath (is a symptom of a heart attack?) (280)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

2. Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.
- a. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (280)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- b. Do you think sudden numbness or weakness of face, arm, leg, especially on one side, are symptoms of a stroke? (282)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (283)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- d. (Do you think) sudden chest pain or discomfort (are symptoms of stroke?) (284)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (285)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- f. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (286)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. If you thought someone was having a heart attack or stroke, what is the first thing you would do? (287)

[Please read:]

- 1 Take them to the hospital
 - 2 Tell them to call their doctor
 - 3 Call 911
 - 4 Call their spouse or a family member
- Or
- 5 Do something else

[Do not read:]

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

Module 12: Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you...
- a. Eating fewer high fat or high cholesterol foods? (288)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. Eating more fruits and vegetables? (289)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- c. More physically active? (290)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...
 - a. Eat fewer high fat or high cholesterol foods? (291)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

 - b. Eat more fruits and vegetables? (292)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

 - c. Be more physically active? (293)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 3. Has a doctor, nurse or other health professional ever told you that you had any of the following?
 - a. A heart attack, also called a myocardial infarction (294)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

b. Angina or coronary heart disease (295)

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

c. A stroke (296)

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

If "Yes" to Q3a, continue. Otherwise, go to Q5.

4. At what age did you have your first heart attack? (297-298)

- 1 0 Code ages 10 years or less
- — Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

If "Yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke? (299-300)

- 1 0 Code ages 10 years or less
- — Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

If "Yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your **[Fill in (heart attack) if "yes" to Q3a or Q3a and Q3c; fill in (stroke) if "Yes" to Q3c and "No" to Q3a]**, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (301)

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

If respondent is aged 35 years or older continue with Q7, otherwise go to closing.

7. Do you take aspirin daily or every other day? (302)
- 1 Yes [**Go to Q9**]
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (303)

If "Yes," ask "Is this a stomach condition?" [Code upset stomach as stomach problems]

- 1 Yes, not stomach related [**Go to closing**]
 - 2 Yes, stomach problems [**Go to closing**]
 - 3 No [**Go to closing**]
 - 7 Don't know / Not sure [**Go to closing**]
 - 9 Refused [**Go to closing**]
9. Why do you take aspirin...
- a. To relieve pain? (304)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. To reduce the chance of a heart attack? (305)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - c. To reduce the chance of a stroke? (306)
 - 1 Yes
 - 2 No
 - 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.

Part B

State-added Module 4: Animal Ownership

1. What type of animals are kept as pets in or around your home?

[Mark all that apply:]

- 1 Dogs
- 2 Cats
- 3 Ferrets
- 4 Hamsters, gerbils, guinea pigs, or chinchillas
- 5 Prairie dogs
- 6 Rats or Mice (**Note: if respondent indicates Gambian as type of rat, put in other and specify**)
- 7 Rabbits
- 8 Pigs
- 9 Pet Birds (i.e. canaries, parakeets, parrots, or macaws)
- 10 Wild birds (i.e. eagles, hawks, or sparrows (including birds being rehabilitated))
- 11 Wild animals (i.e. raccoons, skunks, possums, bats, coyotes, wolves, foxes, bobcats, mountain lions, lynx, squirrels, wood chucks, or ground hogs)
- 12 Turtles
- 13 Snakes (i.e. pythons, boa constrictors, asps, vipers)
- 14 Lizards (i.e. iguanas, dragons, geckos, skinks, anoles, monitors, chameleons, or uromastyx)
- 15 Other reptiles or amphibians (i.e. frogs, toads, mantellas, tortoises, salamanders, newts, or caecilians)
- 16 Non-human primates (i.e. monkeys, chimpanzees, maqueques, capuchins)
- 17 Small exotic cats (i.e. bengals, geoffroys, Asian Leopards, African Servals, etc.)
- 18 Horses or Livestock (i.e. cows, goats, or sheep)
- 19 Other (specify:_____)
- 88 None **[Go to Next Section]**
- 77 Don't know/Not sure **[Go to Next Section]**
- 99 Refusal **[Go to Next Section]**

If answer to Q1=1:

2a. How many dogs do you have?

- Number of dogs
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=2:

2b. How many cats do you have?

- Number of cats
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=3:

2c. How many ferrets do you have?

- Number of ferrets
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=4:

2d. How many hamsters, gerbils, guinea pigs, or chinchillas do you have?

- Number of hamsters, gerbils, guinea pigs, or chinchillas
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=5:

2e. How many prairie dogs do you have?

- Number of prairie dogs
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=6:

2f. How many rats or mice do you have?

- Number of rats or mice
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=7:

2g. How many rabbits do you have?

- Number of rabbits
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=8:

2h. How many pet pigs do you have?

- Number of pet pigs
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=9:

2i. How many pet birds do you have?

- Number of pet birds
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=10:

2j. How many wild birds do you have?

[Examples: eagles, hawks, or sparrows or birds that are being rehabilitated]

- Number of wild birds
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=11:

2k. How many wild animals do you have?

[Examples: raccoons, skunks, possums, bats, coyotes, wolves, foxes, bobcats, mountain lions, lynx, squirrels, wood chucks, or ground hogs]

- Number of wild animals such as raccoons, skunks, or possums
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=12:

2l. How many turtles do you have?

- Number of turtles
- 77 Don't know / Not sure
- 99 Refused

If answer to Q1=13:

2m. How many snakes do you have?

[Examples: pythons, boa constrictors, asps, vipers, etc.]

-- Number of snakes
77 Don't know / Not sure
99 Refused

If answer to Q1=14:

2n. How many lizards do you have?

[Examples: iguanas, dragons, geckos, skinks, anoles, monitors, chameleons, or uromastyx]

-- Number of lizards
77 Don't know/Not sure
99 Refused

If answer to Q1=15:

2o. How many other reptiles or amphibians do you have?

[Examples: frogs, toads, mantellas, tortoises, salamanders, newts, or caecilians]

-- Number of other reptiles
77 Don't know / Not sure
99 Refused

If answer to Q1=16:

2p. How many non-human primates such as monkeys or chimpanzees do you have?

[Examples: monkeys, chimpanzees, maqueques, or capuchins]

-- Number of non-human primates
77 Don't know / Not sure
99 Refused

If answer to Q1=17:

2q. How many small exotic cats do you have?

[Examples: bengals, geoffroys, Asian Leopards, or African Servals]

-- Number of small exotic cats
77 Don't know / Not sure
99 Refused

If answer to Q1=18:

2r. How many horses or livestock do you have?

[Examples of livestock: cows, goats, pigs, or sheep]

- __ __ Number of horses or livestock
- 7 7 Don't know / Not sure
- 9 9 Refused

If answer to Q1=19:

2s. How many (show specific other response) do you have?

- __ __ Number of other type of animal
- 7 7 Don't know / Not sure
- 9 9 Refused

State-added Module 5: Trust in Medical Providers

The following questions are about how much you trust doctors and the health care system to protect your best interests and also the interests of other people like you. Please indicate how much you agree or disagree with the following statements.

1. Most doctors will try to help someone who is sick, even if the person has no way to pay for the care.
Would you say you:

[Please read]:

- 1 Agree
- 2 Somewhat agree
- 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

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

2. Most doctors will take extra time with their patients when it is necessary to understand the patient's problems.
Would you say you:

[Please read]:

- 1 Agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

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

3. Most doctors can be trusted to keep personally sensitive information private.
Would you say you:

[Please read]:

- 1 Agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

4. Most doctors can be trusted to give patients information on all medical options and not just options that are covered by the health plan.
Would you say you:

[Please read]:

- 1 Agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

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

5. Most doctors can be trusted to refer patients to a specialist when needed.
Would you say you:

[Please read]:

- 1 Agree
- 2 Somewhat agree
- 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

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

6. Most doctors can be trusted to perform necessary medical tests and procedures regardless of cost.
Would you say you:

[Please read]:

- 1 Agree
- 2 Somewhat agree
- 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

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

7. Most doctors can be trusted to offer high-quality medical care.
Would you say you:

[Please read]:

- 1 Agree
- 2 Somewhat agree
- 3 Somewhat disagree
- Or
- 4 Disagree

[Do not read]:

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

8. Most doctors would not ask a patient to participate in medical research if they thought it might harm the patient.
Would you say you:

[Please read]:

- 1 Agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Disagree

[Do not read]:

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

State-added Module 6: Perceived Discrimination

These next questions are about experiences you may have in your day-to-day life. How often do any of the following things happen to you?

1. You are treated with less respect than other people are.
Would you say this happens:

[Please read]:

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

[Do not read]:

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

2. People act as if they think you are not smart.
Would you say this happens:

[Please read]:

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

[Do not read]:

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

3. People act as if they're better than you are.
Would you say this happens:

[Please read]:

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

[Do not read]:

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

4. You are called names or insulted.
Would you say this happens:

[Please read]:

- 1 Almost every day
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

[Do not read]:

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

If Q1-Q4 are all "never", go to next section, else continue.

5. What do you think is the main reason for the negative experiences you have just told me about?

- 1 Age
- 2 Gender
- 3 Race / Ethnicity
- 4 Religion
- 5 Weight
- 6 Sexual Orientation
- 7 Education or income level
- 8 Physical disability status
- 9 Some other aspect of physical appearance
- 10 No particular reason / Reasons vary too much to say
- 11 Other (specify: _____)

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

State-added Module 7: Depressive Disorders

1. Has a doctor or nurse ever told you that you had depression?

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

2. Have you ever taken a prescription medication for depression?

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

3. Have you ever had counseling therapy for depression?

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

4. Have you ever taken any over the counter medications for depression? Over the counter medications are, for example, St. John's Wort, ginseng, or any herbal medication.

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

5. Have you ever had any other alternative / complementary treatments for depression? Alternative / complementary treatments are, for example, massage, acupuncture, or touch therapy.

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

6. To your knowledge, how helpful is physical activity, such as swimming, jogging, brisk walking, or biking, in improving mood and relieving depression?
Would you say:

[Please read]:

1 Very helpful
2 Somewhat helpful
Or
3 Not at all helpful

[Do not read]:

7 Don't know / Not sure
9 Refused

7. During the past month, have you often been bothered by feeling down, depressed, or hopeless?

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

8. During the past month, have you often been bothered by little interest or pleasure in doing things?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 14: Other Tobacco Products

1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (314)
- 1 Yes
 - 2 No [Go to Q3]
 - 7 Don't know / Not sure [Go to Q3]
 - 9 Refused [Go to Q3]
2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (315)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused
3. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product? (316)

NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries.

Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

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

State-added Module 8: Tobacco Tax

1. How much additional tax on a pack of cigarettes would you be willing to support if some or all of the money raised was used to support programs designed to reduce tobacco use?

[Please read]:

- 1 More than two dollars a pack
- 2 Two dollars a pack
- 3 One dollar a pack
- 4 Fifty to ninety-nine cents a pack
- 5 Less than fifty cents a pack
- 6 No tax increase

[Do not read]:

- 7 Don't know / Not sure
- 8 "Don't care" (or similar comment, different from Don't know/Not sure)
- 9 Refused

Module 9: Adult Asthma History

If "Yes" to core Q9.1, continue...

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

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma? (256-257)

- __ __ Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
 - 9 8 Don't know / Not sure
 - 9 9 Refused

If "Yes" to Core Q9.2, continue...

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (258)

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

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (259-260)

___ ___ Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

4. **[If one or more visits to Q3, 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?
(261-262)

___ ___ Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (263-264)

___ ___ Number of visits [**87 = 87 or more**]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (265-267)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (268)

Would you say:

[Please read]:

- 8 Not at any time **[Go to Q9]**
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time
- 5 Every day, all the time

[Do not read]:

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (269)

Would you say:

[Please read]:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten
- 5 More than ten

[Do not read]:

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

9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. (270)
Would you say:

[Please read]:

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day
- 5 Two or more times every day

[Do not read]:

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

State-added Module 9: Childhood Asthma

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

1. 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 **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

2. What is the gender of this child?

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

3. Is the [randomly selected child] child Hispanic or Latino?

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

4. Which one of these groups would you say best represents the race of the [randomly selected child]?

- 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

5. How are you related to the [randomly selected child]?

- 1 Parent (mother or father) [interviewer instruction: include biologic, step or adoptive]
- 2 Grand parent
- 3 Foster parent
- 4 Sibling
- 5 Guardian
- 6 Not related
- 7 Other (specify: _____)

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

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

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

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

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

8. 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

State-added Module 10:

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

1 Yes
2 No [Go to Q3]
7 Don't know / not sure [Go to Q3]
9 Refused [Go 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 children in household and randomly selected child is 7-17 years of age, proceed to Q4, else skip to closing.

Next, I have a question related to the oral health of children.

4. 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

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.