

2006
Kansas Behavioral Risk Factor
Surveillance System Questionnaire

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Interviewer's Script

HELLO, I am calling for the Kansas Department of Health and Environment . My name is _____ (**name**). We are gathering information about the health of Kansas residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would 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**

Is this a cellular telephone? By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone. **If "yes,"** Thank you very much, but we are only interviewing landline telephones and 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 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" on the next 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 4

To the correct respondent:

HELLO, I am calling for the Kansas Department of Health and Environment. My name is (name). We are gathering information about the health of Kansas residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. Your answers will be strictly confidential and will not be linked to any information that can identify you. Your participation is voluntary and will not affect any services you may receive from the state of Kansas. You don't have to answer any question you don't want to, and you can end the interview at any time. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

State Added Question: Advance Letters

Advltr Before participating, did your household receive a letter about this study in the mail?

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

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 and Q2.2 = 88 (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?

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

(81)

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

- 3.4 About how long has it been since you last visited a doctor for a routine checkup?
A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (1 year but less than 2 years ago)
- 3 Within 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 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? (84)

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

Section 5: Diabetes

- 5.1 Have you ever been told by a doctor that you have diabetes?

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. (85)

- 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 6: Oral Health

- 6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(86)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

- 6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(87)

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

CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next section.

- 6.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes”, “No”, or you’re “Not sure.”

7.1 (Ever told) you had a heart attack, also called a myocardial infarction? (89)

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

7.2 (Ever told) you had angina or coronary heart disease? (90)

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

7.3 (Ever told) you had a stroke? (91)

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

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

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

8.2 Do you still have asthma? (93)

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

Section 9: Disability

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

- 9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

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

- 9.2 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? (95)

Include occasional use or use in certain circumstances.

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

Section 10: Tobacco Use

- 10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

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]

- 10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

- 10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Demographics

- 11.1 What is your age? (99-100)
- – Code age in years
- 0 7 Don't know / Not sure
 - 0 9 Refused

- 11.2 Are you Hispanic or Latino? (101)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 11.3 Which one or more of the following would you say is your race? (102-107)

(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 or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

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

CATI note: If more than one response to Q11.3; continue. Otherwise, go to Q11.5

11.4 Which one of these groups would you say best represents your race? (108)

- 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] _____

Do not read:

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

11.5 Are you...? (109)

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

11.6 How many children less than 18 years of age live in your household? (110-111)

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

11.7 What is the highest grade or year of school you completed? (112)

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)

Do not read:

- 9 Refused

11.8 Are you currently...? (113)

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

11.9 Is your annual household income from all sources—

(114-115)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 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

State Added Module: Average Hours Worked

If “employed”, “self-employed”, “student”, “retired”, or “homemaker” to core Q11.9 continue. Otherwise, skip to 11.10.

1 Previously, you indicated you were (a)[insert response from core 11.8]. 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)
8 8 Do not work/None
7 7 Don't know/Not sure
9 9 Refused

Continuation of Core:

11.10 About how much do you weigh without shoes? (116-119)

Note: If respondent answers in metrics, put “9” in column 116.

[Round fractions up]

— — — —	Weight(<i>pounds/kilograms</i>)
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

11.11 About how tall are you without shoes? (120-130)

Note: If respondent answers in metrics, put “9” in column 120.

[Round fractions down]

— — / — —	Height (<i>ft / inches/meters/centimeters</i>)
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

11.12 What county do you live in? (124-126)

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

11.13 What is your ZIP Code where you live? (127-131)

— — — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

11.14 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. (132)

1	Yes	
2	No	[Go to Q11.16]
7	Don't know / Not sure	[Go to Q11.16]
9	Refused	[Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers? (133)

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

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

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

11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

11.18 To your knowledge, are you now pregnant? (136)

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

Section 12: 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.

12.1 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? (137)

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(138)

- 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 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(139-141)

- 1 _ _ _ Days per week
- 2 _ _ _ Days in past 30 days
- 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

13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(142-143)

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion?

(144-145)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?

(146-147)

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

Section 14: Immunization/Adult Influenza Supplement

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (148)

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

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (149)

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

CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.

NOTE: Questions 9.3s through 9.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

- / ----- Month / Year
- 77 / 7777 Don't know / Not sure
(Probe: "Was it before September 2005?" Code approximate month and year)
- 99 / 9999 Refused

CATI note: If 14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (158)

Read each problem listed below:

Lung problems, including asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-Or-

Sickle Cell Anemia or other anemia

- 1 Yes
- 2 No [Go to Q14.8s]
- 7 Don't know / Not sure [Go to Q14.8s]
- 9 Refused [Go to Q14.8s]

14.6s Do you still have (this/any of these) problem(s)? (159)

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

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work. (160)

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

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (161)

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

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (162)

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

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

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

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You are a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

(164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

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

15.1 In the past 3 months, how many times have you fallen?

(165-166)

- – Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

15.2 How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(167-168)

- – Number of falls [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say: (169)

Please read:

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

Do not read:

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

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

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

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

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

Do not read:

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

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

18.4 How long has it been since your last breast exam? (175)

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

Do not read:

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

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

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

18.6 How long has it been since you had your last Pap test? (177)

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

Do not read:

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

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (178)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

19.1 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? (179)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test? (180)

Read only if necessary:

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

Do not read:

- 7 Don't know
- 9 Refused

19.3 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? (181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam? (182)

Read only if necessary:

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

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (183)

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

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

20.1 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? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

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

Do not read:

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

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

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

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

Do not read:

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

Section 21: HIV/AIDS

CATI note: 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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

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

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

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

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

21.3 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 a drug treatment facility, at home, or somewhere else?

(195-196)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to next section

21.4 Was it a rapid test where you could get your results within a couple of hours?

(197)

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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- 22.1 How often do you get the social and emotional support you need? (198)

INTERVIEWER NOTE: If asked, say "please include support from any source".

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

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

- 22.2 In general, how satisfied are you with your life? (199)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Module 1: Random Child Selection

CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q11.6 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to Q1]

If Core 11.6 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.”

- 1 What is the birth month and year of the “Xth” child? (200-205)
- __ / __ - __ - __ Code month and year
 7 7 / 7 7 7 7 Don’t know / Not sure
 9 9 / 9 9 9 9 Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

- 2 Is the child a boy or a girl? (206)
- 1 Boy
 2 Girl
 9 Refused

- 3 Is the child Hispanic or Latino? (207)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 4 Which one or more of the following would you say is the race of the child? (208-213)

[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

CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.

- 5 Which one of these groups would you say best represents the child's race? (214)
- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian, Alaska Native
 - 6 Other
 - 7 Don't know / Not sure
 - 9 Refused

6 How are you related to the child? (215)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

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

Module 3: Childhood Asthma Prevalence

CATI note: If response to core Q11.6 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

1 Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)

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

2 Does the child still have asthma? (228)

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

If Q8.1 = ‘yes’ or Childhood Asthma Prevalence Module Q1 = ‘Yes’ and Random Child Selection Module Q6 = “Parent” (1) or “Foster parent or guardian” (3) then continue. Otherwise, go to next module.

State Added Module: Asthma Call Back

- 1 We would like to call you again within the next 2 weeks to talk in more detail about [your/your child’s] experiences with asthma. The information will be used to help develop and improve the quality of life of Kansans with asthma. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

If child was selected, go to Q2. Otherwise, skip to Q3.

2. Can I please have either your child’s first name or initials so we will know which child to ask for when we call back?

_____Enter first name or initials

3. Can I please have either your first name or initials so we will know who to ask for when we call back?

_____Enter first name or initials

NOTE: Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.

PART A

CDC Optional Module 4: Diabetes

To be asked following core Q5.1 if response is "Yes" (code = 1), else skip to State Added Module: Diabetes Assessment.

- 1 How old were you when you were told you have diabetes? (229-230)
- – Code age in years [97 = 97 and older]
9 8 Don't know / Not sure
9 9 Refused
- 2 Are you now taking insulin? (231)
- 1 Yes
2 No
9 Refused
- 3 Are you now taking diabetes pills? (232)
- 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. (233-235)
- 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.

(236-238)

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

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

(239)

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?

(240-241)

_ _ 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"?

(242-243)

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

CATI note: If Q5 = 555 (no feet), 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?

(244-245)

- — 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.

(246)

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

Do not read:

- 7 Don't know / Not sure
8 Never
9 Refused

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

(247)

- 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?

(248)

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

State Added Module: Diabetes Accessory

If response to CDC core section Q 5.1 = "1" continue. Otherwise skip next module.

If CDC optional module Q 5 = "555" No Feet, skip to Q2.

- 1 How often are you told to remove your socks and shoes before you see the doctor or other health professional for your diabetes? Would you say.....

Please read:

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

Do not read:

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

If CDC Diabetes optional module Q4 = "Never", "Don't know / Not sure", "Refused" (888, 777, 999) skip to Q4

- 2 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

- 3 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

State Added Module: Diabetes Assessment

- 1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related only by marriage.

[Mark all that apply]:

Please read:

- 1 Mother
- 2 Father
- 3 Brothers **[Interviewer note: include half brother]**
- 4 Sisters **[Interviewer note: include half sister]**
- 5 No one

Do not read:

- 7 Do not know/ Not sure
- 9 Refused

If respondent is female, continue; Otherwise, skip to next module.

- 2 Have you had a baby weighing more than 9 pounds at birth?

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

CDC Optional Module 9: Folic Acid

1 Do you currently take any vitamin pills or supplements? (293)

Include liquid supplements.

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

2 Are any of these a multivitamin? (294)

- 1 Yes [Go to Q4]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3 Do any of the vitamin pills or supplements you take contain folic acid? (295)

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

4 How often do you take this vitamin pill or supplement? (296-298)

- 1__ Times per day
- 2__ Times per week
- 3__ Times per month
- 777 Don't know / Not sure
- 999 Refused

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

- 5 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (299)

Please read:

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure

Or

- 4 Some other reason

Do not read:

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

State Added Module: Folic Acid Awareness

If respondent is male, go to next module.

If respondent is female and 45 years or older, go to next module

- 1 Has a doctor or other health professional ever talked with you about use of folic acid?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

If CDC Folic Acid Q5 = 2 “to prevent birth defects” continue. Otherwise go to next module.

2 Where did you hear or read that 400 micrograms of folic acid can prevent birth defects?

(Mark all that apply)

- 1 Physician
- 2 Other health care provider
- 3 Health department
- 4 TV/radio
- 5 Magazine/newspaper
- 6 Friend/relative/coworker
- 7 Books
- 8 Brochure/literature at health care providers office
- 9 Nurse/nurse practitioner
- 10 Other (Specify _____)
- 11 Don't know/not sure
- 12 Refused

State Added Module: Smoking and Pregnancy

If respondent is male, skip to next module.

If female respondent is ages 18-44 continue, else skip to next module.

If pregnant now ("Yes" to core Q11.18), go to Q2.

1 Have you been pregnant in the last 5 years?

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

Ask Q2 and Q3 of :

- (1) **FORMER SMOKERS** : Yes to core Q10.1 and “Not at all” to core Q10.2
- (2) **CURRENT SMOKERS**: Yes to core Q10.1 and “Every day or Some days” to core Q10.2.

If “No” to core 10.1, skip to next module.

- 2 **[FORMER SMOKER:]** Previously you reported you have smoked at least 100 cigarettes in your life but currently do not smoke cigarettes. During your last pregnancy, did you smoke cigarettes:

[CURRENT SMOKER:] Previously you reported you have smoked at least 100 cigarettes in your life and currently smoke every day or some days. During your last pregnancy, did you smoke cigarettes:

Please read:

- 1 Every day
- 2 Some days
- OR
- 3 Not at all

Do not read:

- 7 Don’t know/Not sure
- 9 Refused

- 3 During your last pregnancy, did any doctor, nurse, or other health professional advise you not to smoke?

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

State Added Module: Other Tobacco Products

1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 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?

- 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?

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: COPD

1 Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?

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

Go to closing statement.

PART B

CDC Module: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

- 1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
(325-326)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
(327-328)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 3 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
(329-330)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 4 Over the last 2 weeks, how many days have you felt tired or had little energy?
(331-332)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 5 Over the last 2 weeks, how many days have you had a poor appetite or ate too much?
(333-334)
-- 01-14 days
8 8 None
7 7 Don't know / Not sure
9 9 Refused

- 6 Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? (335-336)
- 01-14 days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 7 Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? (337-338)
- 01-14 days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 8 Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)
- 01-14 days
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused
- 9 Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (341)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10 Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (342)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

State Added Module: Disability and Quality of Life

If response to Core Q9.1 or 9.2 is “Yes” continue. Otherwise skip to next module

- 1 Because of an impairment or health problem do you have problems with any of the following:

.....thinking, remembering or controlling emotions?

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

- 2 [Because of an impairment or health problem do you have problems]:

..... seeing, hearing or communicating?

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

- 3 [Because of an impairment or health problem do you have problems]:

.... heart, blood pressure or breathing?

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

- 4 {Because of an impairment or health problem do you have problems]:

.... digestive system?

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

5 [Because of an impairment or health problem do you have problems]:

... nerves, muscles or joints?

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

6 [Because of an impairment or health problem do you have problems]

... other bodily functions which are affected?

- 1 Yes (specify: _____)
- 2 No
- 7 Don't know/Not sure
- 9 Refused

7 Does your impairment or health problem affect your ability with any of the following...

.... go to school or work?

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

8 [Does your impairment or health problem affect your ability to]

... perform personal care activities including bathing, dressing, grooming, using the toilet or getting in and out of bed?

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

9 [Does your impairment or health problem affect your ability to]
... perform household activities including paying bills, shopping, cooking, or cleaning the house?

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

10 [Does your impairment or health problem affect your ability to]
...participate in physical activity?

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

11 [Does your impairment or health problem affect your ability to]
... move around including walking, using stairs, lifting or carrying objects?

- 1 Yes
- 2 No (**skip to Q16**)
- 7 Don't know/Not sure (**skip to Q16**)
- 9 Refused (**skip to Q16**)

12 Is your ability to move around due to any of the following:... paralysis?

Note: If asked "Paralysis is defined as loss of function or feeling that affects the ability to move your arms or legs but does not include amputation or missing limbs"

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

- 13 [Is your ability to move around due to]
... amputation or missing limb?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- 14 [Is your ability to move around due to]
... a chronic disease such as diabetes or arthritis?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- 15 [Is your ability to move around due to]
... something else?
- 1 Yes (specify: _____)
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused
- 16 Are you restricted in any way to services you need such as doctor, counseling, case management, or financial?
- 1 Yes
 - 2 No (**skip to next module**)
 - 7 Don't know/Not sure (**skip to next module**)
 - 9 Refused (**skip to next module**)
- 17 Is this restriction due to any of the following?
....lack of transportation?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

18 [Is this restriction due to]

.... cost of services?

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

19 [Is this restriction due to]

....physical access to buildings, offices or tools needed?

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

20 [Is this restriction due to]

.... restriction by another person such as a personal attendant or family member?

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

21 [Is this restriction due to]:

...lack of communication aids such as interpreters or alternate formats?

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

State Added Module: Oral Health

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

- 1 Yes
- 2 No [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.

Earlier, I asked you questions about the [randomly selected child]. Next, I have a question related to the oral health of that child.

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:

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