

2007
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? **Read only if necessary:** 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.

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
- 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: Hypertension Awareness

6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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 section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

6.2 Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 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 About how long has it been since you last had your blood cholesterol checked? (89)

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

- 7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 8: 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."

- 8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.2 (Ever told) you had angina or coronary heart disease? (92)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.3 (Ever told) you had a stroke? (93)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 9: Asthma

- 9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)
- 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? (95)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10: Immunization

- 10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.2 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™. (97)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.3 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? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

INTERVIEWER NOTE: Response is "Yes" only if respondent has received the entire series of three shots.

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

The next question is about behaviors related to Hepatitis B.

10.5 Please 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 have had sex with 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

Are any of these statements true for you?

(100)

- 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 11: Tobacco Use

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

(101)

NOTE: 5 packs = 100 cigarettes

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

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

(102)

- 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]

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

(103)

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

Section 12: Demographics

12.1 What is your age? (104-105)

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

12.2 Are you Hispanic or Latino? (106)

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

12.3 Which one or more of the following would you say is your race? (107-112)

[Mark all that apply]

[Please read:]

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 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 Q12.3; continue. Otherwise, go to Q12.5.

12.4 Which one of these groups would you say best represents your race? (113)

- 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

The next question relates to military service.

12.5 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? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

(114)

12.6 Are you...?

[Please read:]

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

[Do not read:]

- 9 Refused

(115)

12.7 How many children less than 18 years of age live in your household?

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

(116-117)

12.8 What is the highest grade or year of school you completed? (118)

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

12.9 Are you currently: (119)

[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
- 8 Unable to work

[Do not read:]

- 9 Refused

12.10 Is your annual household income from all sources: (120-121)

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 Q12.9 continue. Otherwise, skip to 12.11.

1 Previously, you indicated you were (a)[insert response from core 12.9]. 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

12.14 Was the change between your current weight and your weight a year ago intentional? (134)

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

12.15 What county do you live in? (135-137)

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

12.16 What is your ZIP Code where you live? (138-142)

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

12.17 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. (143)

- 1 Yes
- 2 No [Go to Q12.19]
- 7 Don't know / Not sure [Go to Q12.19]
- 9 Refused [Go to Q12.19]

12.18 How many of these telephone numbers are residential numbers? (144)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service because of weather or natural disasters. (145)

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

12.20 **Indicate sex of respondent. Ask only if necessary.** (146)

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

12.21 To your knowledge, are you now pregnant? (147)

- 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? (148)

- 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? (149-151)

- 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? (152-153)

- _ _ 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?

(154-155)

- – 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?

(156-157)

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

Section 14: Disability

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

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

(158)

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

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

(159)

Include occasional use or use in certain circumstances.

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

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do **NOT** include the back or neck.

15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

(160)

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

15.2 Did your joint symptoms first begin more than 3 months ago? (161)

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

15.3 Have you ever seen a doctor or other health professional for these joint symptoms? (162)

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

15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (163)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

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

CATI Note: If either Q15.2 = 1 (Yes) or Q.15.4 = 1 (Yes); continue. Otherwise, go to next section.

15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (164)

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

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

Section 16: 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.

16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (165-167)

- 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

16.2 Not counting juice, how often do you eat fruit? (168-170)

- 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

16.3 How often do you eat green salad? (171-173)

- 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

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

(174-176)

- 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

16.5 How often do you eat carrots?

(177-179)

- 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

16.6 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.)

(180-182)

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

Section 17: Physical Activity

CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.

- 17.1 When you are at work, which of the following best describes what you do?
Would you say: (183)

If respondent has multiple jobs, include all jobs.

[Please read:]

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

[Do not read:]

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

Please read:

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.

- 17.2 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 some increase in breathing or heart rate? (184)
- 1 Yes
 - 2 No [Go to Q17.5]
 - 7 Don't know / Not sure [Go to Q17.5]
 - 9 Refused [Go to Q17.5]

- 17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time? (185-186)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time? **[Go to Q17.5]**
- 7 7 Don't know / Not sure **[Go to Q17.5]**
- 9 9 Refused **[Go to Q17.5]**

17.4 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? (187-189)

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

17.5 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? (190)

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

17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? (191-192)

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

17.7 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? (193-195)

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

Section 18: 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.

18.1 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. (196)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (197-202)

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

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

18.3 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? (203-204)

- 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 Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.

18.4 Was it a rapid test where you could get your results within a couple of hours? (205)

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

Section 19: Emotional Support and Life Satisfaction

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

19.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”. (206)

[Please read:]

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

[Do not read:]

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

19.2 In general, how satisfied are you with your life? (207)

[Please read:]

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

[Do not read:]

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

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

- 20.1 In the past 30 days, did you have diarrhea that began within the 30 day period?
Diarrhea is defined as 3 or more loose stools in a 24-hour period. (208)

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

- 20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?

Note: Do not answer "Yes" if you just had telephone contact with a health professional.

(209)

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

- 20.3 When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

CDC Module 1: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q12.7 = 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 Q12.7 is >1 and Core Q12.7 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 child? (226-231)

__ / ____ 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 ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

- 2. Is the child a boy or a girl? (232)

1 Boy
 2 Girl
 9 Refused

3. Is the child Hispanic or Latino? (233)
- 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? (234-239)

[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? (240)
- 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? (241)

[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

CDC Module 2: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (242)

- 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? (243)

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

If Q9.1 = ‘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 [**Go to next module**]

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 Module 3: Diabetes

To be asked following Core Q5.1; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (244-245)

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

2. Are you now taking insulin? (246)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (247)

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. (248-250)

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.

(251-253)

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?

(254)

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?

(255-256)

_ _ 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"?

(257-258)

_ _ 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

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?
(259-260)

— — 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.
(261)

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?
(262)

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?
(263)

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 Q3

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
- 2 Go to the nearest emergency room
- 3 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 Module 6: Cardiovascular Health

I would like to ask you a few more questions about your cardiovascular or heart health.

CATI note: If Core Q8.1 = 1 (Yes), ask Q1. If Core Q8.1 = 2, 7, or 9, skip Q2.

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (285)

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

CATI note: If Core Q8.3 = 1 (Yes), ask Q2. If Core Q8.3 = 2, 7, or 9 (No, Don't know, or Refused), go to Q3.

2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (286)

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

3. Do you take aspirin daily or every other day? (287)

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

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (288)

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

1 Yes, not stomach related
2 Yes, stomach problems
3 No
7 Don't know / Not sure
9 Refused

CDC Module 7: Actions to Control High Blood Pressure

CATI note: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next module.

Are you now doing any of the following to help lower or control your high blood pressure?

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (289)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (290)
 - 1 Yes
 - 2 No
 - 3 Do not use salt
 - 7 Don't know / Not sure
 - 9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (291)
 - 1 Yes
 - 2 No
 - 3 Do not drink
 - 7 Don't know / Not sure
 - 9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (292)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (293)

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

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (294)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (295)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (296)

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

9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (297)

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

10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (298)

If “Yes” and respondent is female, ask: “*Was this only when you were pregnant?*”

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

CDC Module 8: 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.

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.”

1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?) (299)

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

2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?) (300)

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

3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (301)

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

4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (302)

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

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (303)

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

6. (Do you think) shortness of breath (is a symptom of a heart attack?) (304)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) (305)

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

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) (306)

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

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (307)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (308)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (309)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (310)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? Take them to the hospital, tell them to call their doctor, call 911, call their spouse or a family member, or do something else? (311)
- [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

CDC Module 16: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling during the **past 30 days**. ..

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (358)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (359)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

3. During the past 30 days, about how often did you feel **restless** or **fidgety**?

[IF NECESSARY: all, most, some, a little, or none of the time?] (360)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

[IF NECESSARY: all, most, some, a little, or none of the time?]

(361)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort?**

[IF NECESSARY: all, most, some, a little, or none of the time?]

(362)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless?**

[IF NECESSARY: all, most, some, a little, or none of the time?]

(363)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 Don't know / Not sure
- 9 Refused

The next question asks if any type of mental health condition or emotional problem has recently kept you from doing your work or other usual activities.

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?
(364-365)

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

INTERVIEWER NOTE: If asked, "usual activities" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation]

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?
(366)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

9. Treatment can help people with mental illness lead normal lives. Do you **agree** slightly or strongly, or **disagree** slightly or strongly?
(367)

Read only if necessary:

1 Agree strongly
2 Agree slightly
3 Neither agree nor disagree
4 Disagree slightly
5 Disagree strongly

[Do not read:]

7 Don't know / Not sure
9 Refused

10. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

(368)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

[Do not read:]

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs].

PART B

CDC Module 13: Arthritis Management

CATI note: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to next module.

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? (345)

[Please read:]

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

[Do not read:]

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

2. Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms? (346)

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

3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (347)

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

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

4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (348)

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

State Added Module: Chronic Pain

1. Do you suffer from any type of chronic pain, that is pain that occurs constantly or flares up frequently?

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

2. How long have you been experiencing this type of pain?

- 1 Less than 3 months
- 2 3 to 6 months
- 3 7 to 12 months
- 4 Over 1 year to 3 years
- 5 Over 3 years to 5 years
- 6 Over 5 to 10 years
- 7 Over 10 years
- 77 Don't know/Not sure
- 99 Refused

3. About how often do you experience this pain? Would you say:

[Please read]:

- 1 Its constant, always there
- 2 At least once a day
- 3 At least once a week
- 4 Not every week but at least once a month
- 5 Less often

[Do not read]:

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

- 4 Using a 0 to 10 scale where 0 means no pain at all and 10 means the worst pain imaginable, how severe would you say your pain has been on average over the past three months?

___ ___ Pain Scale (0-10)

7 7 Don't know/Not sure

9 9 Refused.

- 5 Have you ever seen or talked to your doctor about your pain?

1 Yes

2 No [Go to Q8]

7 Don't know/Not sure [Go to Q8]

9 Refused [Go to Q8]

- 6 What did the doctor say was the cause of this pain?

Read only if necessary:

1 Migraine

2 Cancer

3 Arthritis [**Interviewer note: include osteoarthritis, rheumatoid arthritis, tendonitis, bursitis**]

4 Shingles (PHN)

5 Sciatica/Slipped disc/spondylosis

6 Diabetes

7 Muscle Pain

8 Accident/injury

9 Neuropathic pain

10 Other (specify:_____)

11 Doctor didn't say/ doctor didn't know

77 Don't know/Not sure

99 Refused

- 7 How satisfied are you with how your doctor is helping you manage your pain?

[Please read]:

1 Very satisfied

2 Satisfied

3 Dissatisfied

4 Very dissatisfied

[Do not read]:

7 Don't know/Not sure

9 Refused

8 What kind of medication are you currently taking to treat your pain? Are you taking:

[Please read]:

- 1 Prescription medication only
- 2 Over the counter medication only **[Go to next module]**
- 3 Both prescription and over the counter medication
- 4 Not treating your pain with medication **[Go to next module]**

[Do not read]:

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

9 What types of prescription medication are you taking for your pain? Are you taking:

[MARK ALL THAT APPLY]

[Please read]:

- 1 Anti-inflammatory drugs such as ibuprofen or naproxen
- 2 Analgesic such as Paracetamol
- 3 Celebrx, Vioxx, or Bextra
- 4 Narcotic pain reliever such as Oxycontin, Percocet, or Vicodin
- 5 Prescription topical patch
- 6 Prescription topical cream
- 7 Prescription aspirin or Tylenol
- 8 OTHER (Specify: _____)

[Do not read]:

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

State Added Module: Cancer Survivorship

1 Have you ever been told by a doctor that you have cancer?

- 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 How long ago has it been since a doctor or other health professional first told you that you had cancer?

- 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

State Added Module: Skin Cancer

1. Has a doctor, nurse, or other health professional ever advised or discussed with you about taking protective measures against skin cancer? Protective measures include use of sunscreen, protective clothing and avoiding exposure to sunlamps or tanning beds.

[Interviewer note: Probe for how long]

- 1 Yes, Within the past year (anytime less than 12 months ago)
- 2 Yes, Within the past 2 years (1 year but less than 2 years ago)
- 3 Yes, Within the past 3 years (2 years but less than 3 years ago)
- 4 Yes, Within the past 5 years (3 years but less than 5 years ago)
- 5 Yes, 5 or more years ago
- 6 No
- 7 Don't know/Not sure
- 9 Refused

State Added Module: Clinical Trials

1 A clinical trial is a type of research study that involves people to test new methods of screening, prevention, diagnosis, or treatment of a disease. Has your health care provider ever talked to you about participating in a clinical trial?

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

If State Added Module: Cancer Survivorship Q1 = 1 “Yes” continue; otherwise, skip to next module.

2 Have you ever been enrolled in a cancer clinical trial managed by your Kansas health care provider?

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

State Added Module: Influenza

1 During the past 12 months, did your doctor or other healthcare provider recommend that you receive the flu vaccine?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

2 Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

If necessary say: This includes part-time and volunteer work.

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know/Not sure (Do not probe) **[Go to next module]**
- 9 Refused **[Go to next module]**

3 Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Probe by repeating question]**
- 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

State Added Module: Influenza-Child

For the randomly selected child

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

1 **If child is less than 6 months old, go to next module otherwise ask:** During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

2. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure (Do not probe)
 - 9 Refused
- 3 During the past 12 months, did [Fill: his/her] doctor or other healthcare provider recommend that [Fill: he/she] receive the flu vaccine?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure (Do not probe)
 - 9 Refused

State Added Module: Oral Health-Child

If the randomly selected child is 7-17 years of age continue. Otherwise, skip to next module.

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

- 1 Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or dental hygienist. They are different from fillings, caps, crowns, and fluoride treatments. Has the [randomly selected child] ever had dental sealants placed on [her/his] teeth?
- 1 Yes
 - 2 No
 - 7 Don't know / not sure
 - 9 Refused

State Added Module: Advance Care Planning

1. A durable power of attorney for health care decisions is a legal document that allows an individual to appoint an agent to make all decisions regarding health care, including choices regarding health care providers, medical treatments, and end of life decisions. Do you have a durable power of attorney for health care decisions?

[Interviewer note: If asked “This is different from a living will”]

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

2. Is your family, friends, health care provider, clergy, or designated agent aware that you have a durable power of attorney for health care decisions?

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

3. Does your health care provider or hospital have a copy of your durable power of attorney for health care decisions on file with your medical records?

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

4. Health care directive or living will is a formal document in which a person gives instructions regarding his or her own health care should they become unable to make decision on his or her own such as during general anesthesia, coma, or mental illness. Do you have a health care directive or living will?

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

5. Is your family, friends, health care provider, clergy, or designated agent aware that you have a health care directive or living will?

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

6. Does your health care provider or hospital have a copy of your health care directive or living will on file with your medical records?

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

7. Thinking collectively of the usefulness of a durable power of attorney for health care decisions and health care directives or living will, would you say that they are:

- 1 Very useful
- 2 Somewhat useful
- 3 Not useful at all
- 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/Not sure
- 9 Refused

State Added Module: Caregiving

1. People may provide regular care or assistance to someone who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend?

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

2. What age is the person whom you are giving care?

(PROBE FOR AGE – IF MORE THAN ONE, ASK “WHAT IS THE AGE OF THE PERSON TO WHOM YOU ARE GIVING THE MOST CARE?”)

- | | |
|-----|-----------------------------|
| -- | Code age in years [0 – 115] |
| 777 | Don't know/Not sure |
| 999 | Refused |

3. What is the gender of the person you are caring for?

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

4. What is his/her relationship to you? For example is he/she your (mother/daughter or father/son)? [CATI Code gender]

(PROBE FOR RELATIONSHIP – IF MORE THAN ONE, ASK “WHICH IS THE PERSON YOU TAKE CARE OF THE MOST OFTEN?”)

Do not read:

- | | |
|-----------------------|---|
| 1 Aunt | 15 Mother-in-law |
| 2 Brother | 16 Neighbor |
| 3 Daughter | 17 Nephew |
| 4 Daughter-in-law | 18 Niece |
| 5 Father | 19 Other Relative |
| 6 Father-in-law | 20 Client or patient (respondent is paid caregiver/assistant) |
| 7 Friend | 21 Partner |
| 8 Granddaughter | 22 Sister |
| 9 Grandfather | 23 Son |
| 10 Grandmother | 24 Son-in-law |
| 11 Grandparent-in-law | 25 Uncle |
| 12 Grandson | 26 Wife |
| 13 Husband | 77 Don't know/Not sure |
| 14 Mother | |

99 Refused

Optional transition statement: “The following questions will relate to your _____ [CATI Code relationship reported above in Q.5]

5. What do you think or what has a doctor said is the major health problem that your _____ has? [CATI Code relationship from Q.4]

CHECK ONE CONDITION ONLY

Read only if necessary:

1 Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

2 AIDS/HIV

3 Arthritis/rheumatism

4 Asthma

5 Cancer

6 Cerebral Palsy

7 Chromosomal anomaly

8 Dementia

9 Depression

10 Down's syndrome

11 Anxiety and/or other emotional problem

12 Developmental delays

13 Diabetes

14 Eye/vision problem (blindness)

15 Hearing problems (deafness)

16 Heart disease

17 Hypertension/high blood pressure

18 Lung disease/emphysema

19 Multiple Sclerosis

20 Muscular Dystrophy

21 Osteoporosis

22 Parkinson's

23 Spinal Cord Injury (SCI)

24 Stroke

25 Traumatic Brain Injury (TBI)

26 Other (_____)

27 Alzheimers

77 Don't know/Not sure

99 Refused

6. Given this condition, with which TWO of the following areas does your _____ most need your help? [CATI Code relationship from Q.4]

CHECK UP TO TWO

[Please read]:

1 Learning, remembering, and confusion;

2 Seeing or hearing;

3 Taking care of oneself, such as eating, dressing, bathing, or toileting;

4 Communicating with others;

5 Moving around;

6 Getting along with people; or

7 Feeling anxious or depressed

[Do not read]:

77 Don't know/Not sure

99 Refused

7. For how long have you provided care for your _____? [CATI Code relationship from Q.4]

[Do not read]:

[Code using respondent's unit of time]

1__ Days

2__ Weeks

3__ Months

4__ Years

777 Don't know/Not sure

999 Refused

8. In an average week, how many hours do you provide care for your _____ because of his/her long-term illness or disability? [CATI Code relationship from Q.4]

[Interviewer note: Zero minutes/hours code as 555 (none), Less than 30 Minutes to less than 1 hour and 30 Minutes code as 1 hour, 1 hour and 30 minutes to less than 2 hours and 30 Minutes code as 2 hours, etc.]

[Do not read]:

_____ Hours per week

555 None

777 Don't know/Not sure

999 Refused

9. I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which TWO of the following is the greatest difficulty you have faced in your caregiving:

CHECK UP TO TWO

[Please read]:

1 Caregiving creates a financial burden;

2 Caregiving doesn't leave enough time for yourself;

3 Caregiving doesn't leave enough time for your family;

4 Caregiving interferes with your work;

5 Caregiving creates or aggravates health problems;

6 Caregiving affects your family relationships;

7 Caregiving creates stress; or

8 Another difficulty (TEXT FIELD)

9 No difficulty

[Do not read]:

77 Don't know/Not sure

99 Refused

10. In the past 12 months have you sustained an injury while helping your _____?
[CATI Code relationship from Q.4]

[Do not read]:

1 Yes

2 No

7 Don't know/Not sure

9 Refused

11. How far away do you live from your _____? **[CATI Code relationship from Q.4]**

[Please read]:

1 In the same house

2 Less than 20 minutes away

3 Between 20 and 60 minutes away

4 Between 1 and 2 hours away, or

5 More than two hours away?

[Do not read]:

7 Don't know/Not sure

9 Refused

12. Are you the primary caregiver for your _____ **[CATI Code relationship from Q.4]**; that is the one most involved in providing care for this person?

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.