

# KANSAS

2009

## Behavioral Risk Factor Surveillance System Questionnaire

**SEPTEMBER 30, 2009**

### **Pandemic Flu Questions:**

**Asked January 1 and asked through February 28:**

Section 23: Pandemic Influenza: 10 QUESTIONS

Module 27: Childhood Immunization: 2 QUESTIONS

### **H1N1 Questions:**

**Added & Asked September 1 and asked through December 31:**

Emergency Section 1: Adult Influenza Like Illness: 10 QUESTIONS

Emergency Section 2: Child Influenza Like Illness: 2 QUESTIONS

**Added & Asked October 1 and asked through December 31:**

Module 31: Novel H1N1 Adult Immunization 3 QUESTIONS

Section 16: Immunization (Edited for Oct-Dec)

Module 32: High Risk/Health Care Worker 4 QUESTIONS

Module 33: Novel H1N1 Child Immunization 6 QUESTIONS

Module 27: Childhood Immunization (Edited for Oct-Dec)

**Kansas  
Behavioral Risk Factor Surveillance System  
2009 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)     ? [CTELENUM]

**If "no,"** (26)

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 in Kansas? [PVTRESID]

**If "no,"** (28)

Thank you very much, but we are only interviewing private residences in Kansas. **STOP**

Is this a cellular telephone? [CELLFON]

(27)

**Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood."**

**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 [NUMADULT]  
(29-30)

**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?

[NUMMEN]

(31-32)

\_\_\_ Number of men

How many of these adults are women?

[NUMWOMEN]

(33-34)

\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

**If "you," continue.**

**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.

## Core Sections

### Section 1: Health Status

---

1.1. Would you say that in general your health is—

[GENHLTH]

(35)

**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? **[PHYSHLTH]**

(36-37)

\_ \_ Number of days

88 None

77 Don't know / Not sure

99 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?

**[MENTHLTH]**

(38-39)

\_ \_ Number of days

88 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**

77 Don't know / Not sure

99 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? **[POORHLTH]**

(40-41)

\_ \_ Number of days

88 None

77 Don't know / Not sure

99 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?

**[HLTHPLAN]**

(42)

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?

**[PERSDOC2]**  
(43)

**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?”**

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?

**[MEDCOST]**  
(44)

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.

**[CHECKUP1]**  
(45)

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: Sleep

---

The next question is about getting enough rest or sleep.

- 4.1. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? **[QLREST2]**  
(46-47)

- Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

## Section 5: Exercise

---

- 5.1. 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? **[EXERANY2]**  
(48)

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

## Section 6: Diabetes

---

- 6.1. Have you ever been told by a doctor that you have diabetes? **[DIABETE2]**  
(49)

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

**If respondent says pre-diabetes or borderline diabetes, use response code 4.**

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

## Section 7: Hypertension Awareness

---

- 7.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? **[BPHIGH4]**  
(50)

**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]**

- 7.2. Are you currently taking medicine for your high blood pressure? **[BPMEDS]**  
(51)

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

## Section 8: Cholesterol Awareness

---

- 8.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? **[BLOODCHO]**  
(52)

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. About how long has it been since you last had your blood cholesterol checked? [CHOLCHK]  
(53)

**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

8.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? [TOLDHI2]  
(54)

1. Yes
2. No

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

## Section 9: 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."

9.1. (Ever told) you had a heart attack, also called a myocardial infarction? [CVDINFR4]  
(55)

1. Yes
2. No

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

9.2. (Ever told) you had angina or coronary heart disease? [CVDCRHD4]  
(56)

1. Yes
2. No

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

9.3. (Ever told) you had a stroke?

[CVDSTRK3]  
(57)

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

## Section 10: Asthma

---

10.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

[ASTHMA2]  
(58)

- 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 still have asthma?

[ASTHNOW]  
(59)

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

## Section 11: Tobacco Use

---

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

[SMOKE100]  
(60)

**NOTE: 5 packs = 100 cigarettes**

- 1. Yes
- 2. No [Go to Q11.5]
  
- 7. Don't know / Not sure [Go to Q11.5]
- 9. Refused [Go to Q11.5]

11.2. Do you now smoke cigarettes every day, some days, or not at all? [SMOKDAY2]  
(61)

1. Every day
2. Some days
3. Not at all [Go to Q11.4]
  
7. Don't know / Not sure [Go to Q11.5]
9. Refused [Go to Q11.5]

11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? [STOPSMK2]  
(62)

1. Yes [Go to Q11.5]
2. No [Go to Q11.5]
  
7. Don't know / Not sure [Go to Q11.5]
9. Refused [Go to Q11.5]

**CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5.**

11.4. How long has it been since you last smoked cigarettes regularly? [LASTSMK1]  
(63-64)

01. Within the past month (less than 1 month ago)
02. Within the past 3 months (1 month but less than 3 months ago)
03. Within the past 6 months (3 months but less than 6 months ago)
04. Within the past year (6 months but less than 1 year ago)
05. Within the past 5 years (1 year but less than 5 years ago)
06. Within the past 10 years (5 years but less than 10 years ago)
07. 10 years or more
08. Never smoked regularly
  
77. Don't know / Not sure
99. Refused

11.5. Do you currently use chewing tobacco, snuff or snus every day, some days, or not at all? [USENOW3]  
(65)

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

1. Every day
2. Some days
3. Not at all
  
- Do not read:**
7. Don't know / Not sure
9. Refused

## Section 12: Demographics

---

12.1. What is your age?

[AGE]  
(66-67)

-- Code age in years

07 Don't know / Not sure

09 Refused

12.2. Are you Hispanic or Latino?

[HISPANC2]  
(68)

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?

[MRACE]  
(69-74)

**(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 Q12.3; continue. Otherwise, go to Q12.5.**

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

[ORACE2]  
(75)

**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:**

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

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. Would you say.....

[VETERAN2]  
(76)

**Please read:**

1. Yes, now on active duty
2. Yes, on active duty during the last 12 months, but not now
3. Yes, on active duty in the past, but not during the last 12 months
4. No, training for Reserves or National Guard only
5. No, never served in the military

**Do not read:**

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

12.6. Are you...?

[MARITAL]  
(77)

**Please read:**

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married

**Or**

6. A member of an unmarried couple

**Do not read:**

9. Refused

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

[CHILDREN]  
(78-79)

\_ \_ Number of children

8 8 None

99 Refused

12.8. What is the highest grade or year of school you completed?

[EDUCA]  
(80)

**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...?

[EMPLOY]  
(81)

**Please read:**

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A Homemaker
6. A Student
7. Retired

**Or**

8. Unable to work

**Do not read:**

9. Refused

12.10. Is your annual household income from all sources—

[INCOME2]  
(82-83)

**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 1: Average Hours Worked**

---

**CATI NOTE: If “employed”, “self-employed”, “student”, “retired”, or “homemaker” to core Q12.9 continue. Otherwise, Go 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? [AVGHRIS]  
(304-305)
- Number of hours (76 = 76 or more hours)
- 88 Do not work/None
- 77 Don’t know/Not sure
- 99 Refused

12.11. About how much do you weigh without shoes?

[WEIGHT2]  
(84-87)

**Note: If respondent answers in metrics, put “9” in column 122.**

**Round fractions up**

\_\_ \_ \_ \_ Weight (*pounds/kilograms*)

7777 Don't know / Not sure  
9999 Refused

**CATI note: If Q12.11 = 7777 (Don't Know/Not sure) or 9999 (Refused), skip Q12.13 and Q12.14.**

12.12. About how tall are you without shoes?

[HEIGHT3]  
(88-91)

**Note: If respondent answers in metrics, put “9” in column 126.**

**Round fractions down**

\_\_ / \_\_ Height (*ft / inches/meters/centimeters*)

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

12.13. How much did you weigh a year ago? [*If you were pregnant a year ago, how much did you weigh before your pregnancy?*] **CATI: If female respondent and age <46.**

[WTYRAGO]  
(92-95)

**Note: If respondent answers in metrics, put “9” in column 130.**

**Round fractions up**

\_\_ \_ \_ \_ Weight (*pounds/kilograms*)

7777 Don't know / Not sure [Go to Q12.15]  
9999 Refused [Go to Q12.15]

**CATI note: Subtract weight one year ago from current weight. If weight is same, skip Q12.14.**

12.14. Was the change between your current weight and your weight a year ago intentional?

[WTCHGINT]  
(96)

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

**12.15.** What county do you live in? **[CTYCODE\_R]**  
(97-99)

\_ \_ \_ FIPS county code

777 Don't know / Not sure  
999 Refused

**(NOTE: USE CTYCODE\_R FOR THIS VARIABLE, THOSE COUNTY CODES WITH LESS THAN 50 RECORDS HAVE BEEN SUPPRESSED INTO ONE ANSWER CODE (888). ANSWER 777 AND 999 ARE NOW IN ONE ANSWER CODE (999).)**

**12.16.** What is your ZIP Code where you live? **[ZIPCODE\_R]**  
(100-104)

\_ \_ \_ \_ \_ ZIP Code

77777 Don't know / Not sure  
99999 Refused

**(NOTE: USE ZIPCODE\_R FOR THIS VARIABLE, THOSE ZIPCODES WITH LESS THAN 50 RECORDS HAVE BEEN SUPPRESSED INTO ONE ANSWER CODE (88888). ANSWER 77777 AND 99999 ARE NOW IN ONE ANSWER CODE (99999).)**

**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. **[NUMHHOL2]**  
(105)

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? **[NUMPHON2]**  
(106)

\_ 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 telephone service because of weather or natural disasters. **[TELSERV2]**  
(107)

1. Yes

2. No

7. Don't know / Not sure

9. Refused

**Cell Phone Questions (12.19a-12.19d)**

**12.19a** Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. **[CPDEMO1]**  
(194)

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

**12.19b** Do you share a cell phone for personal use (at least one-third of the time) with other adults? **[CPDEMO2]**  
(195)

- 1 Yes **[Go to Q12.19d]**
- 2 No **[Go to Q12.20]**
  
- 7 Don't know / Not sure **[Go to Q12.20]**
- 9 Refused **[Go to Q12.20]**

**12.19c.** Do you usually share this cell phone (at least one-third of the time) with any other adults? **[CPDEMO3]**  
(195)

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

**12.19d.** Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone? **[CPDEMO4]**  
(197-199)

- \_\_\_ Enter percent (1 to 100)
  
- 8 8 8 Zero
  
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**12.20. Indicate sex of respondent. Ask only if necessary.** **[SEX]**  
(108)

- 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?

[PREGNANT]  
(109)

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

### Section 13: Caregiver Status

---

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

13.1. During the past month, did you provide any such care or assistance to a friend or family member?

[CAREGIVE]  
(110)

1. Yes
2. No
  
7. Don't know / Not sure
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?

[QLACTLM2]  
(111)

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?

[USEEQUIP]  
(112)

**Include occasional use or use in certain circumstances.**

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

## Section 15: Alcohol Consumption

---

- 15.1.** 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? **[DRNKANY4]**  
(113)
1. Yes  
2. No **[Go to next section]**
7. Don't know / Not sure **[Go to next section]**  
9. Refused **[Go to next section]**
- 15.2.** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? **[ALCDAY4]**  
(114-116)
- 1 \_\_ Days per week  
2 \_\_ Days in past 30 days
- 888 No drinks in past 30 days **[Go to next section]**
- 777 Don't know / Not sure  
999 Refused
- 15.3.** 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? **[AVEDRNK2]**  
(117-118)
- Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**
- \_\_ Number of drinks
- 77 Don't know / Not sure  
99 Refused
- 15.4.** 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? **[DRNK3GE5]**  
(119-120)
- \_\_ Number of times
- 88 None
- 77 Don't know / Not sure  
9 9 Refused

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

[MAXDRNKS]  
(121-122)

- \_ \_ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

### CDC Module 31: Novel H1N1 Adult Immunization [Asked Oct.-Dec.]

---

There are currently vaccines available for two kinds of flu – the seasonal flu and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

**M31.1.** There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu? [H1N1AV01]  
(592)

**[Interviewer Note: If asked why asking about H1N1 vaccinations when not available please say: “The distribution of the H1N1 Vaccines has already started. We are trying to find out if vaccinations are currently taking place in Kansas.”]**

1. Yes
2. No [Go to Q16.1]
7. Don't know / Not sure [Go to Q16.1]
9. Refused [Go to Q16.1]

**M31.2.** During what month did you receive your H1N1 flu vaccine?

[H1N1AV02]  
(593-594)

- \_ \_ Month
- 77 Don't know/Not sure
- 99 Refused

**CATI Note: If M31.2 = 7, 8, 9, 10, 11, 12, then M31.2\_Year = 2009.  
If M31.2 = 1, 2, 3, 4, 5, 6, then M31.2\_Year = 2010.**

**Interviewer verify response: ‘That is [FILL IN MONTH] OF [FILL IN YEAR], correct?’**

**M31.3.** Was this a shot or was it a vaccine sprayed in the nose?

**[H1N1AV03]**  
(595)

1. Flu shot
2. Flu Nasal Spray (spray, mist or drop in the nose)
  
7. Don't know / Not sure
9. Refused

**Section 16: Immunization [Changes made to wording of some questions in Oct.]**

---

**16.1.** Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

**[FLUSHOT3]**  
(123)

1. Yes
2. No **[Go to Q16.3]**
  
7. Don't know / Not sure **[Go to Q16.3]**
9. Refused **[Go to Q16.3]**

**16.2.** During what month and year did you receive your most recent seasonal flu shot? **[FLUSHTMY]**  
(124-129)

\_\_ / \_\_\_\_ Month / Year

77 / 7777 Don't know / Not sure  
99 / 9999 Refused

**16.3.** The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

**[FLUSPRY2]**  
(130)

1. Yes
2. No **[Go to Q16.5]**
  
7. Don't know / Not sure **[Go to Q16.5]**
9. Refused **[Go to Q16.5]**

**16.4.** During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

**[FLUSPRMY]**  
(131-136)

\_\_ / \_\_\_\_ Month / Year

77 / 7777 Don't know / Not sure  
99 / 9999 Refused

16.5. 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?

[PNEUVAC3]  
(137)

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

### **Section 23: Pandemic Influenza Questions [Asked Jan. & Feb. Only]**

23.1. What do you think is the most effective ONE thing you can do to prevent getting sick from the flu?

[PF09Q01]  
(517)

**Please read:**

1. Avoiding touching your eyes, nose or mouth as much as possible during the flu season
2. Avoiding close contact with others who may have the flu
3. Getting the flu vaccination
4. Taking anti-viral medicine, like Tamiflu, on the first or second day that you have symptoms of the flu

**Do not read:**

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

23.2. What do you think is the most effective thing to do to prevent spreading the flu to people when you are sick?

[PF09Q02]  
(518)

**Please read:**

1. Frequent hand washing
  2. Covering your mouth and nose when coughing or sneezing
  3. Staying home when you are sick with the flu
  4. Getting the flu vaccination
- OR
5. Something else

**Do not read:**

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

**Please read:**

"Pandemic Influenza" or "Pan Flu" is a global outbreak of a new type of serious influenza that almost everyone is susceptible to and it spreads quickly from person to person. Currently, there is not a pandemic flu outbreak occurring.

- 23.3.** If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu? **[PF09Q03]**  
(519)

**Interviewer Note: Please read both the subjective label and the percentage range.**

- 1 Very high (90-100%)
- 2 High (70-89%)
- 3 Average (50-69%)
- 4 Low (20-49%)
- 5 Very low (0-19%)

**Do not read:**

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

- 23.4.** If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you? **[PF09Q04]**  
(520)

**Please read:**

- 1 Definitely get one
- 2 Probably get one
- 3 Probably not get one
- 4 Definitely not get a pandemic flu vaccination

**Do not read:**

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

- 23.5.** If public health officials recommended that everyone go to a particular public place such as a local school, fire station, or sports stadium to get vaccinated to prevent the spread of pandemic flu, would you... **[PF09Q05]**  
(521)

**Please read:**

- 1 Definitely go
- 2 Probably go
- 3 Probably not go
- 4 Definitely not go to a particular place to get vaccinated

**Do not read:**

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

23.6. Imagine an outbreak of pandemic flu in the U.S. in the next year. What would be the most important ONE thing you would want to know?

[PF09Q06]  
(522-523)

**Please read:**

- 0 1 How to prevent getting the flu
- 0 2 How to prevent spreading the flue
- 0 3 Symptoms of the flu
- 0 4 How to treat the flu
- 0 5 Cities where cases of the flu have been identified
- 0 6 Information about the flu vaccine
- 0 7 Something else

**Do not read:**

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

23.7. During a pandemic flu outbreak in the U.S., what would be your ONE most preferred source for getting information about the pandemic flu? Please tell me your one most preferred source.

[PF09Q07]  
(524-525)

**Do not read:**

- 0 1 Newspapers
- 0 2 Television
- 0 3 Radio
- 0 4 Internet websites
- 0 5 Your doctor
- 0 6 The CDC (Centers for Disease Control and Prevention)
- 0 7 State or local public health departments
- 0 8 Other government agencies
- 0 9 Family or friends
- 1 0 Religious leaders
- 1 1 Some other source
- 7 7 Don't know / Not sure
- 9 9 Refused

**23.8.** Excluding vaccination, what is the ONE most likely thing you would do if a pandemic flu outbreak were reported IN YOUR STATE? Please choose one from the following list?

[PF09Q08]  
(526-527)

**Please read:**

- 0 1 Consult a website
- 0 2 Avoid crowds and public events
- 0 3 Consult your doctor
- 0 4 Try to get a prescription for an anti-viral drug such as Tamiflu
- 0 5 Reduce or avoid travel
- 0 6 Wash hands frequently
- 0 7 Wear a face mask
- 0 8 Keep household members at home while the outbreak lasts
- 0 9 Stock up on medicines and food to help with flu symptoms
- 1 0 Something else

**SAY: "I will repeat the question and answer choices to assist your recall."**

**Do not read:**

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

**23.9.** If public health officials recommended that everyone stay at home for a month because of a serious outbreak of pandemic flu in your community, are you very likely, somewhat likely, somewhat unlikely, or very unlikely to stay home for a month?

[PF09Q09]  
(528)

- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely
- 4. Very unlikely to stay at home for a month
- 7. Don't know / Not sure
- 9. Refused

**CATI note: If Q12.9 = 1 (Employed for wages) or 2 (Self-employed) continue, otherwise skip to next section.**

**23.10.** I'm going to read you a list of job types. Please tell me if you currently work in any of these fields.

[PF09Q10]  
(529)

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
  - b. Public health, healthcare provider, home health, or in a nursing home.
  - c. Homeland or national security as one who would be deployed during a flu pandemic.
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 17: Arthritis Burden

---

Next I will ask you about arthritis.

- 17.1.** 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? **[HAVARTH2]**  
(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]**

**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)**

Arthritis can cause symptoms like pain, aching, or stiffness in or around the joint.

- 17.2.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? **[LMTJOIN2]**  
(139)
1. Yes
  2. No
  7. Don't know / Not sure
  9. Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**CATI NOTE: Q17.3 should be asked of all respondents regardless of employment status.**

**17.3.** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? **[ARTHDIS2]**

(140)

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

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**17.4.** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say... **[ARTHSOCL]**

(141)

**Please read [1-3]:**

1. A lot
2. A little
3. Not at all

**Do not read:**

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

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."**

**17.5.** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.* **[JOINPAIN]**

(142-143)

-- Enter number [00-10]

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

## Section 18: 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.

**18.1.** How often do you drink fruit juices such as orange, grapefruit, or tomato? **[FRUITJUI]**  
(144-146)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
  
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

**18.2.** Not counting juice, how often do you eat fruit? **[FRUIT]**  
(147-149)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
  
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

**18.3.** How often do you eat green salad? **[GREENSAL]**  
(150-152)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
  
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

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

**[POTATOES]**  
(153-155)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year

- 555 Never
- 777 Don't know / Not sure
- 999 Refused

**18.5.** How often do you eat carrots?

**[CARROTS]**  
(156-158)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year

- 555 Never
- 777 Don't know / Not sure
- 999 Refused

**18.6.** 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.)

**[VEGETABLES]**  
(159-161)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year

- 555 Never
- 777 Don't know / Not sure
- 999 Refused

## Section 19: Physical Activity

---

**CATI note: If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed); continue. Otherwise, go to Q19.2.**

**19.1.** When you are at work, which of the following best describes what you do? Would you say—  
**[JOBACTIV]**  
(162)

**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.

**19.2.** 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?  
**[MODPACT]**  
(163)

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

**19.3.** How many days per week do you do these moderate activities for at least 10 minutes at a time?  
**[MODPADAY]**  
(164-165)

-- Days per week

- 88 Do not do any moderate physical activity for at least 10 minutes at a time?  
**[Go to Q19.5]**
- 77 Don't know / Not sure **[Go to Q19.5]**
- 99 Refused **[Go to Q19.5]**

**19.4.** 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? **[MODPATIM]**  
(166-168)

\_: \_ \_ Hours and minutes per day

777 Don't know / Not sure

999 Refused

**19.5.** 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? **[VIGPACT]**  
(169)

1. Yes

2. No **[Go to next section]**

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

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

**19.6.** How many days per week do you do these vigorous activities for at least 10 minutes at a time? **[VIGPADAY]**  
(170-171)

\_ \_ Days per week

88 Do not do any vigorous physical activity for at least 10 minutes at a time.  
**[Go to next section]**

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

99 Refused **[Go to next section]**

**19.7.** 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? **[VIGPATIM]**  
(172-174)

\_: \_ \_ Hours and minutes per day

777 Don't know / Not sure

999 Refused

## Section 20: 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.

**20.1.** 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. **[HIVTST5]**  
(175)

- 1. Yes
- 2. No **[Go to Q20.5]**
- 7. Don't know / Not sure **[Go to Q20.5]**
- 9. Refused **[Go to Q20.5]**

**20.2.** Not including blood donations, in what month and year was your last HIV test? **[HIVTSTD2]**  
(176-181)

**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

**20.3.** 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? **[WHRTST8]**  
(182-183)

- 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 Q20.4; if Q20.2 = within last 12 months. Otherwise, go to Q20.5.**

**20.4.** Was it a rapid test where you could get your results within a couple of hours? **[HIVRDTST]**  
(184)

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

**20.5** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? **[HIVRISK2]**  
(185)

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

## **Section 21: Emotional Support and Life Satisfaction**

---

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

**21.1.** How often do you get the social and emotional support you need? **[EMTSUPRT]**  
(186)

**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

21.2. In general, how satisfied are you with your life?

[LSATISFY]  
(187)

**Please read:**

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

**Do not read:**

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

## Section 22: Cancer Survivors

---

Now I am going to ask you about cancer.

22.1. Have you EVER been told by a doctor, nurse, or other health professional that you had cancer?

[CNCRHAVE]  
(188)

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.

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

22.2. How many different types of cancer have you had?

[CNCRDIFF]  
(189)

1. Only one
2. Two
3. Three or more
7. Don't know / Not sure [Go to next section]
9. Refused [Go to next section]

22.3. At what age were you told that you had cancer?

[CNCRAGE]  
(190-191)

-- Code age in years [97 = 97 and older]

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

**CATI note: If Q22.2 = 2 (Two) or 3 (Three or more), ask: “At what age was your first diagnosis of cancer?”**

**INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**

**22.4.** What type of cancer was it?

**[CNCRTYPE]**  
(192-193)

**If Q22.2 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”**

**INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-28]:**

**Breast**

01 Breast cancer

**Female reproductive (Gynecologic)**

02 Cervical cancer (cancer of the cervix)

03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

**Head/Neck**

05 Head and neck cancer

06 Oral cancer

07 Pharyngeal (throat) cancer

08 Thyroid

**Gastrointestinal**

09 Colon (intestine) cancer

10 Esophageal (esophagus)

11 Liver cancer

12 Pancreatic (pancreas) cancer

13 Rectal (rectum) cancer

14 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

15 Hodgkin's Lymphoma (Hodgkin's disease)

16 Leukemia (blood) cancer

17 Non-Hodgkin's Lymphoma

**Male reproductive**

18 Prostate cancer

19 Testicular cancer

**Skin**

20 Melanoma

21 Other skin cancer

**Thoracic**

22 Heart

23 Lung

**Urinary cancer:**

24 Bladder cancer

25 Renal (kidney) cancer

**Others**

26 Bone

27 Brain

28 Neuroblastoma

- 29 Other
- Do not read:**
- 77 Don't know / Not sure
- 99 Refuse

**Emergency Section 1: ILI - Influenza Like Illness [Asked Sept - Dec]**

---

We would like to ask you some questions about recent respiratory illnesses.

**E01.1** During the past month, were you ill with a fever? **[H1N1AQ01]**  
(578)

- 1. Yes
- 2. No **[Go to QE01.8]**
- 7. Don't know / Not sure **[Go to QE01.8]**
- 9. Refused **[Go to QE01.8]**

**E01.2** Did you also have a cough and/or sore throat? **[H1N1AQ02]**  
(579)

- 1. Yes
- 2. No **[Go to QE01.8]**
- 7. Don't know / Not sure **[Go to QE01.8]**
- 9. Refused **[Go to QE01.8]**

**E01.3** When did you first become ill with fever, cough or sore throat? **[H1N1AQ03]**  
(580)

**[Interviewer Note: Choose the most specific answer]**

**Please read:**

- 1. Within the past week [Interviewer, if asked: past 1-7 days]
- 2. 2 weeks ago [Interviewer, if asked: past 8-14 days]
- 3. 3-4 weeks ago [Interviewer, if asked: past 15-30 days before today]

**Don't read:**

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

**E01.4** Did you visit a doctor, nurse, or other health professional for this illness? **[H1N1AQ04]**  
(581)

- 1. Yes
- 2. No **[Go to QE01.8]**
- 7. Don't know / Not sure **[Go to QE01.8]**
- 9. Refused **[Go to QE01.8]**

**E01.5** What did the doctor, nurse, or other health professional tell you? Did they say... **[H1N1AQ05]**  
(582)

**Please read:**

1. You had regular influenza or the flu
2. You had swine flu, also known as H1N1 or novel H1N1
3. You had some other illness, but not the flu

**Don't read:**

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

**CATI Note:** If QE01.5 = 3, household has one adult (NumAdult = 1), and no children (Children = 88); then go to next section.

**Otherwise if QE01.5 = 3; go to QE01.8.**

**E01.6** Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say... **[H1N1AQ06]**  
(583)

**Please read:**

1. Yes, had flu test and it was positive
2. No, had flu test but it was negative
3. No, flu test was not done

**Don't read:**

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

**E01.7** Did you receive Tamiflu® or oseltamivir [*o sel TAM i veer*] or an inhaled medicine called Relenza® or zanamivir [*za NA mi veer*] to treat this illness? **[H1N1AQ07]**  
(584)

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

**CATI Note:** Apply prior to asking E01.08:

**If household has one adult (NumAdult = 1), no children (Children = 88) and Adult has NOT been ill in past month (QE01.1 = 2,7, 9 or QE01.2 = 2,7, 9); then go to next section.**

**If household has one adult (NumAdult = 1), no children (Children = 88) and Adult HAS been ill in past month (QE01.1 = 1 or QE01.2 = 1); then go to QE01.10.**

**E01.8** Did any other members of your household have a fever with cough or sore throat during the past month? **[H1N1AQ08]**  
(585)

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

**CATI Note: If QE01.8 = 2, QE01.1 = 1 (Yes) and QE01.2 = 1 (Yes); go to QE01.10.**

**Otherwise if QE01.8 = 2; go to next section.**

**E01.9** How many household members [*CATI Note: If QE01.1 = 1 (Yes) and QE01.2 = 1 (Yes) the insert “, including you,”.*] were ill during the past month? **[H1N1AQ09]**  
(586-587)

- \_\_ \_\_ # persons
  
- 88 None
  
- 77 Don't know/Not Sure
- 99 Refused

**CATI Note: If (QE01.1 = 1(Yes) and QE01.2 = 1 (Yes)) or QE01.8 = 1 (Yes); continue to QE01.10.**

**Otherwise, skip to next section.**

**E01.10** How many people in your household, including you, were hospitalized for flu during the past month? **[H1N1AQ10]**  
(588-589)

**[Interviewer Note: If needed, ‘Hospitalized means admitted to a hospital to receive medical treatment.’]**

- \_\_ \_\_ # persons
  
- 88 None
  
- 77 Don't know/Not Sure
- 99 Refused

**NOTE: The following CDC Optional Modules and State-Added Modules will be asked of every respondent.**

**Module 32: High Risk/Health Care Worker [Asked Oct – Dec]**

---

The next few questions ask about health care work and chronic illness.

**M32.1** Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes part-time or unpaid work in a health care facility as well as professional nursing care provided in the home.

**[WRKHCF1]**  
(596)

**[Interviewer Note: If necessary say: “This includes non-health care professionals, such as administrative staff, who work in a health-care facility.]**

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

**M32.2** Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

**[DIRCONT1]**  
(597)

**[Interviewer Note: If respondent answers ‘don’t know’ or ‘not sure’ repeat question.]**

1. Yes
2. No
  
7. Don’t know / Not sure      **[Probe by repeating question]**
9. Refused

**M32.3** Has a doctor, nurse, or other health professional ever said that you have...

**[DRHPAD1]**  
(598)

**Read all items listed below before waiting for an answer:**

- Lung problems, other than asthma
- Kidney problems
- Anemia, including Sickle Cell
- A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

**[See Attached Health Problems List, if necessary]**

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

**M32.4** Do you still have (this/any of these) problem(s)?

**[HAVHPAD]**  
(599)

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

## **Module 25: 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 “Xth” child?

--/----- Code month and year

77/ 7777 Don't know / Not sure

99/ 9999 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 birthday. 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?

[RCSGENDR]  
(278)

1. Boy

2. Girl

9. Refused

3. Is the child Hispanic or Latino?

[RCHISLAT]  
(279)

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?

[RCSRACE]  
(280-285)

**[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? **[RCSBRACE]**  
(286)

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? **[RCSRLTN2]**  
(287)

**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 33: Novel H1N1 Childhood Immunization [Asked in Oct – Dec]**

---

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

**CATI Note: If selected child's age (chldage2) is greater than or equal to 6 months, continue. Otherwise, go to next module.**

The next questions are about this child's immunization.

I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

**M33.1.** Since September, 2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu? **[H1N1CV01]**  
(600)

**[Interviewer Note: If asked why asking about H1N1 vaccinations when not available please say: “The distribution of the H1N1 Vaccines has already started. We are trying to find out if vaccinations are currently taking place in Kansas.”**

- 1. Yes
- 2. No **[Go to M27.1]**
  
- 7. Don’t know / Not sure **[Go to M27.1]**
- 9. Refused **[Go to M27.1]**

**CATI Note: If selected child’s age (chldage2) is 10 years or older, go to M33.3. Otherwise, continue.**

**M33.2.** Since September, 2009, how many of these H1N1 vaccinations has [Fill: he/she] received? **[H1N1CV02]**  
(601)

- 1. One vaccination or dose
- 2. Two or more vaccination or doses
  
- 7. Don’t know / Not sure **[Go to M27.1]**
- 9. Refused **[Go to M27.1]**

**M33.3.** During what month did [Fill: he/she] receive [Fill: his/her] **[H1N1CV03]**  
(602-603)

**CATI Note:**  
**If selected child’s age (chldage2) is < 10 years old, ask “first H1N1 flu vaccine?”**  
**Otherwise, ask “H1N1 flu vaccine?”**

\_\_ Month

- 77. Don’t know / Not sure
- 99. Refused

**CATI Note: If M33.3\_Month = 7, 8, 9, 10, 11, 12, then M33.3\_Year = 2009.**  
**Else, if M33.3\_Month = 1, 2, 3, 4, 5, 6, then M33.3\_Year = 2010.**

**Interviewer verify response: ‘That is [FILL IN MONTH] OF [FILL IN YEAR], correct?’**

**M33.4.** Was this a shot or was it a vaccine sprayed in the nose? **[H1N1CV04]**  
(604)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
  
- 7. Don’t know / Not sure
- 9. Refused

**CATI Note: If selected child's age (chldage2) is 10 years or older, go to next module.  
If M33.2 = 2, then ask M33.5, otherwise go to next module.**

**M33.5.** During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine?

**[H1N1CV05]**  
(605-606)

\_\_ Month

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

**CATI Note: If M33.3\_Month = 7, 8, 9, 10, 11, 12, then M33.3\_Year = 2009.  
Else, if M33.3\_Month = 1, 2, 3, 4, 5, 6, then M33.3\_Year = 2010.**

**Interviewer verify response: 'That is [FILL IN MONTH] OF [FILL IN YEAR], correct?**

**M33.6.** Was this a shot or was it a vaccine sprayed in the nose?

**[H1N1CV06]**  
(607)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
  
- 7. Don't know / Not sure
- 9. Refused

## **CDC Module 27: Childhood Immunization [Asked in Jan – Feb/Oct – Dec]**

*This module was asked in Jan-Feb with the Pandemic Flu questions at the request of CDC. This module was again asked in Oct-Dec with the H1N1 Vaccination Questions at the request of CDC. Otherwise, they were not asked from Mar-Sep, since the State Child Immunization Program indicated they were not needed for their program.*

---

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

**CATI note: If selected child's age is  $\geq$  6 months, continue. Otherwise, go to next module.**

1. Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

**[FLUSHCH1]**  
(290)

- 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. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination? **[RCVFCVCH3]**  
(291-296)

-- / ---- Month / Year

77 / 7777 Don't know / Not sure

99 / 9999 Refused

## **Emergency Section 2: Childhood ILI - Influenza Like Illness [Sep – Dec]**

---

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

The next questions are about the “Xth” child.

1. Has the child had a fever with cough and/or sore throat during the past month? **[H1N1CQ01]**  
(590)
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. Did the child visit a doctor, nurse, or other health professional for this illness? **[H1N1CQ02]**  
(591)
1. Yes  
2. No **[Go to next module]**
7. Don't know/Not sure **[Go to next module]**  
9. Refused **[Go to next module]**

## CDC Module 26: Childhood Asthma Prevalence

---

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

Now, I would like to ask you 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? [CASTHDX2]  
(288)
- 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? [CASTHNO2]  
(289)
- 1. Yes
  - 2. No
  - 7. Don't know / Not sure
  - 9. Refused

## State-Added Module 2: Asthma Call Back Survey Information

---

**CATI note: If Q10.1 = ‘yes’ or Childhood Asthma Prevalence CDC Module Q1 = ‘Yes’ and Random Child Selection CDC Module Q6 = “Parent” (1) or “Foster parent or guardian” (3) then continue. Otherwise, go to next module.**

**IF ADULT (AdltChld = 1) WAS SELECTED TO PARTICIPATE IN ASTHMA CALLBACK SURVEY, CONTINUE. ELSE, CHILD (AdltChld=2) WAS SELECTED SKIP TO Q3.**

### **READ:**

We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop programs 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.

1. Would it be all right if we call back at a later time to ask additional questions about your asthma?  
[CALLBACK]  
(303)

- 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. Can I please have your first name, initials or nickname so we know who to refer to when we call back?

\_\_\_\_\_ Enter first name, initials or nickname [Go to next module]

3. We would like to call again within the next 2 weeks to talk in more detail about your child's experiences with asthma. The information will be used to help develop and improve the quality of life of Kansans with asthma.

Would it be all right if we call back at a later time to ask additional questions about your child's asthma?  
[CALLBACK]  
(303)

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

4. Can I please have your first name, initials or nickname so we know who to ask for when we call back?

\_\_\_\_\_ Enter respondent's first name, initials or nickname

5. Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the *{child age}* year old child which is the *{randomly selected child}* child.

**CATI note: If more than one child, show child age *{child age}* and which child was selected (randomly selected child) from child selection module.**

\_\_\_\_\_ Enter child's first name, initials or nickname

6. Are you the parent or guardian in the household who knows the most about {child's name}'s asthma?  
[MOSTKNOW]  
(306)

- 1. Yes
- 2. No [Go to Q9]
- 7. Don't know/Not sure [Go to Q8]
- 9. Refused [Go to Q8]

**[CATI Note: Set MKPName = FName]**

**READ:**

The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.

Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

7. May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? **[PERMISS]**  
(307)

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

8. What is a good time to call you back? For example, evenings, days, weekends?

\_\_\_\_\_ Enter day/time **[Go to next module]**

9. Can I please have the first name, initials or nickname of the person who knows the most about {CHILDName}'s asthma so we will know who to ask for when we call back?

\_\_\_\_\_ Enter Alternate's first name, initials or nickname

**[CATI NOTE: Set MKPName = OTHName]**

**READ:**

The information you gave us today and that {OTHName} will give us when we call back will be kept confidential. We will keep their name and phone number, your child's name on file, separate from the answers collected today. Even though you agreed today, {OTHName} may refuse to participate in the future.

Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.

10. May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? **[PERMISS]**  
(307)

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

**[CATI NOTE: If OTHName is blank, set MKPName = FName. Otherwise, MKPName = OTHName.]**

11. When would be a good time to call back and speak with {OTHName}? For example, evenings, days, weekends?

\_\_\_\_\_ Enter day/time

## **Module 14: Arthritis Management**

---

**CATI note: If Core Q17.1 = 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**? **[ARTTODAY]**  
(246)

**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? **[ARTHWGT]**  
(247)

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? **[ARTHEXER]**  
(248)

**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? **[ARTHEDU]**  
(249)

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

### **State-Added Module 3: Arthritis Call Back Survey Information** **[Asked March – September]**

---

**CATI Note: If Q17.1 = 'yes' then continue. Otherwise, go to next module.**

**READ:**

We would like to call you again within the next 2 weeks to talk in more detail about your experiences with arthritis. The information will be used to help develop programs and improve the quality of life of Kansans with arthritis. 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.

1. Would it be all right if we call back at a later time to ask additional questions about your arthritis? **[ARTPERM]**  
(308)

- 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. Can I please have your first name, initials or nickname so we know who to refer to when we call back?

\_\_\_\_\_Enter first name, initials or nickname

**READ:**

Some of the information that you shared with us today could be useful when combined with the information we will ask for during your arthritis interview. If the information from the two interviews is combined, identifying information such as your phone number and your name will not be included.

3. May we combine your answers from today with your answers from the interview about arthritis that will be done in the next two weeks? [ARTPRMIS]  
(309)
1. Yes
  2. No
  
  7. Don't know/Not sure
  9. Refused

**State-Added Module 4: Problem Gambling**

---

Now I am going to ask you a few questions about gambling.

1. In the last 12 months have you played the lottery, bingo, card games, slot machines, or any other betting games for money or something else of value? This activity could be at the casino, over the phone, on the computer, at the track, on the street, at home, or any other place. [GAMBLE]  
(310)

**Interviewer Note: If asked what we mean by "something else of value" this would include prizes, food, tickets, entertainment, or tokens for prizes.**

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

**Interviewer Note: If asked what the purpose of this question is respond: "Answers to this question will be used by health planners to help understand public gambling behavior and to develop problem gambling prevention programs."**

2. Has the money you spent on gambling led to financial problems? [MONYPROB]  
(311)
1. Yes
  2. No
  
  7. Don't know/Not sure
  9. Refused

**Interviewer Note: If asked what the purpose of this question is respond: "Answers to this question will be used by health planners to help understand public gambling behavior and to develop problem gambling prevention programs."**

3. Has the time you spent on gambling led to problems in your family, work, or personal life?

[TIMEPROB]

(312)

1. Yes

2. No

7. Don't know/Not sure

9. Refused

**Interviewer Note: If asked what the purpose of this question is respond: "Answers to this question will be used by health planners to help understand public gambling behavior and to develop problem gambling prevention programs."**

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

## **PART A**

### **CDC Module 1: Pre-Diabetes**

---

**CATI note: Only asked of those not responding “Yes” (code = 1) to Core Q6.1 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years? **[PDIABTST]**  
(200)
- 1. Yes
  - 2. No
  
  - 7. Don't know / Not sure
  - 9. Refused

**CATI note: If Core Q6.1 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? **[PREDIAB1]**  
(201)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

- 1. Yes
- 2. Yes, during pregnancy
- 3. No
  
- 7. Don't know / Not sure
- 9. Refused

### **CDC Module 2: Diabetes**

---

**CATI Note: To be asked following Core Q6.1; if response is "Yes" (code = 1)**

1. How old were you when you were told you have diabetes? **[DIABAGE2]**  
(202-203)
- Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
  - 99 Refused

2. Are you now taking insulin?

[INSULIN]  
(204)

1. Yes

2. No

9. Refused

3. 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.

[BLDSUGAR]  
(205-207)

1 \_ \_ Times per day  
2 \_ \_ Times per week  
3 \_ \_ Times per month  
4 \_ \_ Times per year

888 Never

777 Don't know / Not sure

999 Refused

4. 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.

[FEETCHK2]  
(208-210)

1 \_ \_ Times per day  
2 \_ \_ Times per week  
3 \_ \_ Times per month  
4 \_ \_ Times per year

555 No feet

888 Never

777 Don't know / Not sure

999 Refused

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

[DOCTDIAB]  
(211-212)

\_ \_ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

6. 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"?

[CHKHEMO3]  
(213-214)

- \_ \_ Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know / Not sure
- 99 Refused

**CATI note: If Q4 = 555 (No feet), go to Q8.**

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

[FEETCHK]  
(215-216)

- \_ \_ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

8. 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.

[EYEEXAM]  
(217)

**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

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

[DIABEYE]  
(218)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? **[DIABEDU]**  
(219)
1. Yes
  2. No
  
  7. Don't know / Not sure
  9. Refused

### **State-Added Module 5: 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. **[FAMDIAB, FAMDIAB1 – FAMDIAB5]**  
(313-242, 343-347)
- [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

**CATI note: If respondent is female, continue; otherwise, go to next module.**

2. Have you had a baby weighing more than 9 pounds at birth? **[BABYWGT9]**  
(348)
1. Yes
  2. No
  
  7. Don't know/Not sure
  9. Refused

## CDC Module 7: Actions to Control High Blood Pressure

---

**CATI note: If Core Q7.1 = 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)? **[BPEATHBT]**  
(236)
  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)? **[BPSALT]**  
(237)
  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)? **[BPALCHOL]**  
(238)
  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)? **[BPEXER]**  
(239)
  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)? **[BPEATADV]**  
(240)
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)? **[BPSLTADV]**  
(241)
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)? **[BPALCADV]**  
(242)
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)? **[BPEXRADV]**  
(243)
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)? **[BPMEDADV]**  
(244)
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? **[BPHI2MR]**  
(245)

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

### **State-Added Module 6: Tobacco Indicators**

---

1. How much additional tax on a pack of cigarettes would you be willing to support if some or all of the money raised was used to support programs designed to reduce tobacco use? **[CIGTAX]**  
(349)

**[Please read]:**

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

**[Do not read]:**

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

2. Would you support or oppose increasing the tax on smokeless tobacco? Smokeless tobacco products include chewing tobacco, snuff and snus (snus rhymes with goose). **[SMKLSTAX]**  
(350)

**Interviewer Note: Snus (Swedish for snuff) is moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.**

1. Support
2. Oppose
  
7. Don't know / Not sure
9. Refused

**If Q11.2 = 3 (not at all) or Q11.3 = 1 (Yes); continue. Else got to next module.**

3. When you quit smoking or the last time you tried to quit smoking, did you use nicotine replacement therapy – gum, patches, lozenges, nasal spray, inhaler, or the medications Zyban/Wellbutrin/bupropion (ZEYE ban/Well BYOU trin/byou PRO pee on) or Chantix/varenicline (SHAN tix/VAR en i cline) to assist you? **[QUITNTR]**  
(351)

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

4. When you quit smoking or the last time you tried to quit smoking, did you use a telephone quitline to assist you? **[QUITLINE]**  
(352)

**Read if necessary: "A telephone quit line is a free telephone-based service that connects smokers with trained counselors who can help them quit smoking."**

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

5. When you quit smoking or the last time you tried to quit smoking, did you use one-on-one counseling from a healthcare provider to assist you? **[QUITCNSL]**  
(353)

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

## **State-Added Module 7: Oral Health**

---

1. During the past 12 months, was there any time when you needed dental care but did not get it? **[NEEDDNTL]**  
(354)

- 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?

[WHYNODNTL,  
WHYNODNTLO]  
(355-356,357-386)

**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. Did not have time
  8. Other ailments prevent dental care
  9. Could not get into dentist/clinic
  10. Dentist cancelled appointment
  11. Not enough dentist/Dissatisfied with dentist
  12. No insurance
  13. Insurance would not cover procedures
  14. Other (specify :\_\_\_\_\_)
- 
77. Don't know / not sure
  99. 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?

[DNTLCVRG]  
(387)

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

## **Module 4: Visual Impairment and Access to Eye Care**

---

**CATI note: If respondent is less than 40 years of age, go to next module.**

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

1. How much difficulty, if any, do you have in recognizing a friend across the street?  
Would you say—

[VIDFCLT2]  
(220)

**Please read:**

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight

**Or**

6. Unable to do for other reasons

**Do not read:**

7. Don't know / Not sure
8. Not applicable (Blind) [Go to next module]
9. Refused

2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

[VIREDIF2]  
(221)

**Please read:**

1. No difficulty
2. A little difficulty
3. Moderate difficulty
4. Extreme difficulty
5. Unable to do because of eyesight

**Or**

6. Unable to do for other reasons

**Do not read:**

7. Don't know / Not sure
8. Not applicable (Blind) [Go to next module]
9. Refused

3. When was the last time you had your eyes examined by any doctor or eye care provider?

[VIPRFVS2]  
(222)

**Read only if necessary:**

1. Within the past month (anytime less than 1 month ago) [Go to Q5]
2. Within the past year (1 month but less than 12 months ago) [Go to Q5]
3. Within the past 2 years (1 year but less than 2 years ago)
4. 2 or more years ago
5. Never

**Do not read:**

7. Don't know / Not sure
8. Not applicable (Blind) [Go to next module]
9. Refused

4. What is the main reason you have not visited an eye care professional in the past 12 months?

[VINOCRE2]  
(223-224)

**Read only if necessary:**

- 01 Cost/insurance
- 02 Do not have/know an eye doctor
- 03 Cannot get to the office/clinic (too far away, no transportation)
- 04 Could not get an appointment
- 05 No reason to go (no problem)
- 06 Have not thought of it
- 07 Other

**Do not read:**

- 77 Don't know / Not sure
- 08 Not Applicable (Blind) [Go to next module]
- 99 Refused

**CATI note: Skip Q5, if any response to Module 2 (Diabetes) Q8.**

5. 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.

[VIEYEXM2]  
(225)

**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
- 5. Never

**Do not read:**

- 7. Don't know / Not sure
- 8. Not applicable (Blind) [Go to next module]
- 9. Refused

6. Do you have any kind of health insurance coverage for eye care?

[VIINSUR2]  
(226)

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 8. Not applicable (Blind) [Go to next module]
- 9. Refused

7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts? **[VICTRCT2]**  
(227)

1. Yes
2. Yes, but had them removed
3. No
  
7. Don't know / Not sure
8. Not applicable (Blind) **[Go to next module]**
9. Refused

8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? **[VIGLUMA2]**  
(228)

1. Yes
2. No
  
7. Don't know / Not sure
8. Not applicable (Blind) **[Go to next module]**
9. Refused

**Please read:**

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

**NOTE:** **Age-related Macular Degeneration**  
(Age-related Mak·yuh·luh r Di·jen·uh·rey·shuhn)

9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration? **[VIMACDG2]**  
(229)

1. Yes
2. No
  
7. Don't know / Not sure
8. Not applicable (Blind) **[Go to next module]**
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.

## PART B

### CDC Module 5: Inadequate Sleep

---

I would like to ask you a few questions about your sleep patterns.

1. On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get. [SLEPTIME]  
(230-231)

**Interviewer Note: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.**

- Number of hours [01-24]
- 77 Don't know / Not sure
- 99 Refused

2. Do you snore? [SLEPSNOR]  
(232)

**Interviewer Note: If the respondent indicates that their spouse or someone told him/her that they snore, then the answer to the question is "Yes," the respondent snores.**

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

3. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? [SLEPDAY]  
(233-234)

- Number of days [01-30]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

4. During the past 30 days, have you ever nodded off or fallen asleep, even just for a brief moment, while driving? **[SLEPDRIV]**  
(235)
1. Yes
  2. No
  3. Don't drive
  4. Don't have license
  
  7. Don't know / Not sure
  9. Refused

## CDC Module 21: 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? **[MISNERVS]**  
(257)
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? **[MISHOPLS]**  
(258)
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**?

[MISRSTLS]  
(259)

[If necessary: all, most, some, a little, or none of the time?]

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?

[MISDEPRD]  
(260)

[If necessary: all, most, some, a little, or none of the time?]

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**?

[MISEFFRT]  
(261)

[If necessary: all, most, some, a little, or none of the time?]

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**?

[MISWTLES]  
(262)

[If necessary: all, most, some, a little, or none of the time?]

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?

[MISNOWRK]  
(263-264)

**Interviewer Note:** If asked, "**usual activities**" includes housework, self-care, caregiving, volunteer work, attending school, studies, or recreation.

- Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

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?

[MISTMNT]  
(265)

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? **[MISTRHLP]**  
(266)

**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? **[MISPHLPF]**  
(267)

**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: say: “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”.

## State-Added Module 8: Disability

---

**CATI note: If response to Core Q14.1 or Q14.2 is “Yes” continue. Otherwise skip to next module.**

1. Are you restricted in any way to health care services such as physician visit, hospital inpatient care, dental visit, or mental health services? **[RSTRSERV]**  
(388)

**Interviewer note: Mental health services include services that are provided by a psychologist, psychiatrist, mental health counselor, social worker or other mental health professionals.**

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

2. [Is this restriction due to...]

...physical access to buildings, offices or medical equipment needed (e.g., exam tables, scales, mammogram machines)? **[RSTRPYAC]**  
(389)

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

3. [Is this restriction due to...]

...lack of communication aids such as interpreters or alternate formats? **[RSTRCOMM]**  
(390)

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

4. [Is this restriction due to]

.... another person such as a personal attendant or family member? **[RSTRPERS]**  
(391)

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

5. What is the main reason for the restriction due to a personal attendant or family member?  
Is this due to the personal attendant or family member's...

**[RSTRRSN,  
RSTRRSNO]**  
(392-393,  
394-423)

**Please Read:**

- 01 Lack of training or knowledge
- 02 Crossing your personal boundaries
- 03 Refusing to provide requested services
- 04 Availability
- 05 Level of assistance
- 06 Willingness to do what you ask
- 07 Reliability
- 08 Trustworthiness
- 09 Way of treating you

**Do not Read:**

- 10 Other (specify)
  
- 77 Don't know/Not sure
- 99 Refused

6. Have you EVER been treated unfairly by a health-care provider or the provider's staff because of a disability?

**[RSTRTRT]**  
(424)

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

## **CDC Module 15: Tetanus Diphtheria (Adults)**

---

Next, I will ask you about the tetanus diphtheria vaccination.

1. Have you received a tetanus shot in the past 10 years?

**[TNSARCV]**  
(250)

- 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. Was your most recent tetanus shot given in 2005 or later? [TNSARCNT]  
(251)
1. Yes
  2. No [Go to next module]
  7. Don't know / Not sure
  9. Refused
3. There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine? [TNSASHOT]  
(252)
1. Yes (included pertussis)
  2. No (did not include pertussis)
  7. Don't know / Not sure
  9. Refused

## CDC Module 16: Adult Human Papilloma Virus (HPV)

---

**CATI note: To be asked of females between the ages of 18 and 49 years; otherwise, go to next module.**

**NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel)**

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL<sup>®</sup>. Have you EVER had the HPV vaccination? [HPVADVC]  
(253)
1. Yes
  2. No [Go to next module]
  3. Doctor refused when asked [Go to next module]
  7. Don't know / Not sure [Go to next module]
  9. Refused [Go to next module]
2. How many HPV shots did you receive? [HPVADSHT]  
(254-255)
- \_\_ \_\_ Number of shots
- 03 All shots
- 77 Don't know / Not sure
- 99 Refused

## CDC Module 17: Shingles

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next module.**

The next question is about the Shingles vaccine.

1. Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax<sup>®</sup>, the zoster vaccine, or the shingles vaccine. Have you had this vaccine? **[SHINGLES]**  
(256)
  1. Yes
  2. No
  
  7. Don't know / Not sure
  9. Refused

## CDC Module 29: Tetanus Diphtheria (Adolescents)

---

**CATI note: If selected child is aged 10 to 17, continue. Otherwise, go to next module.**

I would like to ask you about the tetanus diphtheria vaccine for your child.

1. Has he/she received a tetanus shot in the past 10 years? **[TNSCRCV]**  
(300)
  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. Was his/her most recent tetanus shot given in 2005 or later? **[TNSRCNT]**  
(301)
  1. Yes
  2. No **[Go to next module]**
  
  7. Don't know / Not sure
  9. Refused

3. There are currently two types of tetanus shots available today for older children and teenagers. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine? [TNSCSHOT]

(302)

- 1. Yes (included pertussis)
- 2. No (did not include pertussis)
  
- 7. Don't know / Not sure
- 9. Refused

### CDC Module 28: Child Human Papilloma Virus (HPV)

---

**CATI Note: If selected child is female between ages 9 and 17 years; continue. Otherwise, go to next module.**

**NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil<sup>®</sup> (Gar·duh· seel)**

I have two additional questions about a vaccination the selected child may have had.

1. A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL<sup>®</sup>. Has this child EVER had the HPV vaccination? [HPVCHVC]

(297)

- 1. Yes
- 2. No [Go to next module]
- 3. Doctor refused when asked [Go to next module]
  
- 7. Don't know / Not sure [Go to next module]
- 9. Refused [Go to next module]

2. How many HPV shots did she receive? [HPVCHSHT]

(298-299)

- \_ \_ Number of shots
- 03 All shots
- 77 Don't know / Not sure
- 99 Refused

## CDC Module 23: Social Context

---

There are many different factors that can affect a person's health. I'm going to ask you about several factors that can affect a person's health.

1. Do you own or rent your home?

[RENTHOM1]

(268)

**Please read:**

- 1. Own
- 2. Rent
- 3. Other arrangement [Go to Q3]

**Do not read:**

- 7. Don't know / Not sure [Go to Q3]
- 9. Refused [Go to Q3]

**INTERVIEWER NOTE: "Other arrangement" may include group home or staying with friends or family without paying rent.**

2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

[SCNTMONY]

(269)

**Please read:**

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

**Do not read:**

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

3. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

[SCNTMEAL]  
(270)

**Please read:**

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

**Do not read:**

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

**If Core Q12.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q4 and Q5.**

**If Core Q12.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q6 and Q7.**

**If Core Q12.9 = 5(A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.**

4. At your main job or business, how are you generally paid for the work you do. Are you:

[SCNTPAID]  
(271)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
  
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).**

5. About how many hours do you work per week at all of your jobs and businesses combined?

[SCNTWORK]  
(272-273)

- Hours (01-96 or more) [Go to Q8]
  
- 9 7 Don't know / Not sure [Go to Q8]
- 9 8 Does not work [Go to Q8]
- 9 9 Refused [Go to Q8]

6. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do? Were you: **[SCNTLPAD]**  
(274)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
  
- 7 Don't know / Not sure
- 9 Refused

7. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? **[SCNTLWRK]**  
(275-276)

- \_ \_ Hours (01-96 or more)
  
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

8. Did you vote in the last presidential election? The November 2008 election between Barack Obama and John McCain? **[SCNTVOTE]**  
(277)

- 1. Yes
- 2. No
  
- 8. Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
  
- 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.

## List of Health Problems to Accompany Module 32, Question 3 [DO NOT READ]

### **Lung Problems**

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangiomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

### **Kidney Problems**

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

### **Anemia**

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

### **Causes of Weak Immune System**

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines