

**KANSAS**

**2014**

**Behavioral Risk Factor Surveillance System Questionnaire**

**LANDLINE PHONE SURVEY**

June 20, 2015

(Note 1: No Answer (5130/3130) Disposition Rule changed from 15 attempts to 10 attempts starting with November Landline survey. This is only for records with 10 5130 coded call attempts. This rule is only for the Landline survey, we will continue to call No Answer in cell phone 6 times. – per Carol Pierannunzi, CDC BRFSS & Bill Garvin, CDC BRFSS Oct, 2014)

(Note 2: State-Added Module 9: Child Immunization (Influenza), question 3 was inadvertently not added to the original Ci3 programming. So, in January, February and April this question was not asked, resulting in the data for these months are missing.)

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2014 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.

### **Correct Telephone Number**

Is this     (phone number)     ? *[CTELENUM]*

- 1 Yes
- 2 No

**If "No",**

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

### **Private Residence**

Is this a private residence? *[PVTRESDI]*

**READ ONLY IF NECESSARY:**

"By private residence, we mean someplace like a house or apartment."

- 1 Yes **[Go to state of residence]**
- 2 No **[Go to college housing]**

**If "No, business phone only",**

Thank you very much but we are only interviewing persons on residential phones lines at this time. **STOP**

### **College Housing**

Do you live in college housing? *[COLGHOUS]*

**READ ONLY IF NECESSARY:**

"By college housing we mean dormitory, graduate student or visiting faculty housing or other housing arrangement provided by a college or university."

- 1 Yes **[Go to state of residence]**
- 2 No

**If "No",**

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

**State of Residence**

Do you reside in **(state)**? *[STATERES]*

- 1 Yes **[Go to Cellular Phone]**
- 2 No

**If “No”,**

Thank you very much, but we are only interviewing persons who live in the state of Kansas at this time. **STOP**

**Cellular Phone**

Is this a cellular telephone? *[CELLFON3, 66]*

**INTERVIEWER NOTE:**

Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

**Read only if necessary:**

“By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

- 1 Yes
- 2 No

**If “Yes”,**

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

***CATI Note:***

*If (College Housing = Yes) continue; otherwise go to Adult Random Selection.*

**Adult**

Are you 18 years of age or older? *[LADULT]*

- 1 Yes, respondent is male **[Go to Page 6]**
- 2 Yes, respondent is female **[Go to Page 6]**
- 3 No

**If “No”,**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**



**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.

**Core Sections**

Your answers will be strictly confidential and will not be linked to any information that can identify you. Your participation is voluntary and will not affect any services you may receive from the state of Kansas. You don't have to answer any question you don't want to, and you can end the interview at any time. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

**Section 1: Health Status**

---

**1.1** Would you say that in general your health is —? **[GENHLTH]**

**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]**

- 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]**

- 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]**

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

### Section 3: Health Care Access

---

**3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? **[HLTHPLN1]**

- 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]**

**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]**

- 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]*

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
  
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

#### Section 4: Exercise

---

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? *[EXERANY2]*

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

#### Section 5: Inadequate Sleep

---

I would like to ask you about your sleep pattern.

5.1 On average, how many hours of sleep do you get in a 24-hour period? *[SLEPTIM1]*

**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



**Section 6: Chronic Health Conditions**

---

Now I would like to ask you some questions about general health conditions.

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.”

**6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? **[CVDINFR4]**

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

**6.2** (Ever told) you had angina or coronary heart disease? **[CVDCRHD4]**

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

**6.3** (Ever told) you had a stroke? **[CVDSTRK3]**

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

**6.4** (Ever told) you had asthma? **[ASTHMA3]**

- 1 Yes
- 2 No **[Go to Q6.6]**
  
- 7 Don't know / Not sure **[Go to Q6.6]**
- 9 Refused **[Go to Q6.6]**

**6.5** Do you still have asthma? **[ASTHNOW]**

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

**6.6** (Ever told) you had skin cancer? **[CHCSCNCR]**

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

6.7 (Ever told) you had any other types of cancer? [CHCOCNCR]

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? [CHCCOPD1]

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? [HAVARTH3]

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatic
- 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)

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? [ADDEPEV2]

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. [CHCKIDNY]

**INTERVIEWER NOTE:**  
Incontinence is not being able to control urine flow.

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

**6.12** (Ever told) you have diabetes?

[DIABETE3]

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

**INTERVIEWER NOTE:**

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                                    |

**CATI Note:**

If Q6.12 = 1 (Yes), go **CONTINUE**.

If Q6.12 > 1 and QSTVER = 11 or 21, go to **CDC Pre-Diabetes Optional Module 1**.

Otherwise, go to **NEXT SECTION**.

**6.13** How old were you when you were told you have diabetes?

[DIABAGE2]

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

**Section 7: Oral Health**

---

**7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. [LASTDEN3]

**Read only if necessary:**

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

**Do not read:**

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

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

[RMVTETH3]

**INTERVIEWER NOTE:**

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

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

**Section 8: Demographics**

---

- 8.1 What is your age?

[AGE]

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

- 8.2 Are you Hispanic, Latino/a, or Spanish origin?

[HISPANC3]

**If yes, ask:** Are you...

**INTERVIEWER NOTE:**

One or more categories may be selected.

- |   |   |
|---|---|
| 1 | Mexican, Mexican American, Chicano/a          |
| 2 | Puerto Rican                                  |
| 3 | Cuban   |
| 4 | Another Hispanic, Latino/a, or Spanish origin |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 5 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**8.3** Which one or more of the following would you say is your race?

*[MRACE1]*

**INTERVIEWER NOTE:**

40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

*[Select all that apply]*

**Please read:**

**10**      **White**

**20**      **Black or African American**

**30**      **American Indian or Alaska Native**

**40**      **Asian**

41      Asian Indian

42      Chinese

43      Filipino

44      Japanese

45      Korean

46      Vietnamese

47      Other Asian

**50**      **Pacific Islander**

51      Native Hawaiian

52      Guamanian or Chamorro

53      Samoan

54      Other Pacific Islander

**Do not read:**

60      Other

88      No additional choices

77      Don't know / Not sure

99      Refused

***CATI Note:***

*If more than one response to Q8.3; continue.*

*Otherwise, go to Q8.5.*

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

[ORACE3]

**INTERVIEWER NOTE:**

40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

8.5 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?

[VETERAN3]

**INTERVIEWER NOTE:**

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

1 Yes

2 No

**Do not read:**

7 Don't know / Not sure

9 Refused

8.6 Are you...?

[MARITAL]

**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

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

[CHILDREN]

-- Number of children

- 8 8 None
- 9 9 Refused

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

[EDUCA]

**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

8.9 Are you currently...?

[EMPLOY1]

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 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

**8.10** Is your annual household income from all sources—?

[INCOME2]

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

**Read only if necessary:**

- |     |  |   |
|-----|--|---|
| 0 4 | Less than \$25,000<br>(\$20,000 to less than \$25,000) | <b>If “no,” ask 05; if “yes,” ask 03</b>  |
| 0 3 | Less than \$20,000<br>(\$15,000 to less than \$20,000) | <b>If “no,” code 04; if “yes,” ask 02</b> |
| 0 2 | Less than \$15,000<br>(\$10,000 to less than \$15,000) | <b>If “no,” code 03; if “yes,” ask 01</b> |
| 0 1 | Less than \$10,000                                     | <b>If “no,” code 02</b>                   |
| 0 5 | Less than \$35,000<br>(\$25,000 to less than \$35,000) | <b>If “no,” ask 06</b>                    |
| 0 6 | Less than \$50,000<br>(\$35,000 to less than \$50,000) | <b>If “no,” ask 07</b>                    |
| 0 7 | Less than \$75,000<br>(\$50,000 to less than \$75,000) | <b>If “no,” code 08</b>                   |
| 0 8 | \$75,000 or more                                       |   |

**Do not read:**

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

**CATI Note:**

If Employment Status **Q8.9** = 1 (employed), 2 (self-employed), 5 (student), 6 (retired), or 7 (homemaker); continue. Otherwise, go to **Q8.11**.

**State-Added Module 1: Average Hours Worked**

---

**SA1.1** Previously, you indicated you were (a) [insert text response from Core Section Q8.9].  
On the average, how many hours per week, if any, do you work at a job or business?

[AVGHRS]

- |    |                                   |
|----|-----------------------------------|
| -- | Number of hours (76 = 76 or more) |
| 88 | None                              |
| 77 | Don't know / Not sure             |
| 99 | Refused                           |



**8.11** About how much do you weigh without shoes? **[WEIGHT2]**

**INTERVIEWER NOTE:**

If respondent answers in metrics, put "9" in column 154.

**Round fractions up**

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

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

**8.12** About how tall are you without shoes? **[HEIGHT3]**

**INTERVIEWER NOTE:**

If respondent answers in metrics, put "9" in column 158.

**Round fractions down**

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

7 7 / 7 7 Don't know / Not sure

9 9 / 9 9 Refused

**8.13** What county do you live in? **[CTYCODE1]**

\_\_\_ ANSI County Code (formerly FIPS county code)

7 7 7 Don't know / Not sure

9 9 9 Refused

**8.14** What is the ZIP Code where you live? **[ZIPCODE]**

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

7 7 7 7 7 Don't know / Not sure

9 9 9 9 9 Refused

**8.15** 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]**

1 Yes

2 No **[Go to Q8.18]**

7 Don't know / Not sure **[Go to Q8.18]**

9 Refused **[Go to Q8.18]**

**8.16** How many of these telephone numbers are residential numbers? **[NUMPHON2]**

\_ Residential telephone numbers **[6 = 6 or more]**

7 Don't know / Not sure

9 Refused

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

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   | <b>[Go to Q8.19]</b> |
| 2 | No                    | <b>[Go to Q8.19]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q8.19]</b> |
| 9 | Refused               | <b>[Go to Q8.19]</b> |

**CATI Note:**  
Skip to **Q8.19**.

**NOTE: Q8.18 IS NO LONGER TO BE ASKED.**

**8.18** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? **[CPDEMO4]**

\_\_\_ \_\_\_ Enter percent (1 to 100)

8 8 8 Zero

7 7 7 Don't know / Not sure

9 9 9 Refused

**8.19** Have you used the internet in the past 30 days? **[INTERNET]**

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

**8.20** Do you own or rent your home? **[RENTHOM1]**

**INTERVIEWER NOTE:**

“Other arrangement” may include group home, staying with friends or family without paying rent.

Home is defined as the place where you live most of the time/the majority of the year.

- |   |                       |
|---|-----------------------|
| 1 | Own                   |
| 2 | Rent                  |
| 3 | Other arrangement     |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**If asked why we are asking this question:**

We ask this question in order to compare health indicators among people with different housing situations.

**8.21** Indicate sex of respondent. **Ask only if necessary.** **[SEX]**

- |   |        |  |
|---|--------|--|
| 1 | Male   | <b>[Go to Q8.23]</b>   |
| 2 | Female | <b>[If respondent is 45 years old or older, go to Q8.23]</b> |

**8.22** To your knowledge, are you now pregnant? **[PREGNANT]**

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

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

**8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? **[QLACTLM2]**

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

**8.24** 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]**

**INTERVIEWER NOTE:**

Include occasional use or use in certain circumstances.

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

**8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? **[BLIND]**

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

**8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? **[DECIDE]**

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

**8.27** Do you have serious difficulty walking or climbing stairs? **[DIFFWALK]**

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

**8.28** Do you have difficulty dressing or bathing? *[DIFFDRES]*

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

**8.29** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? *[DIFFALON]*

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

### Section 9: Tobacco Use

---

**9.1** Have you smoked at least 100 cigarettes in your entire life? *[SMOKE100]*

**INTERVIEWER NOTE:**

“For cigarettes, do **NOT** include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No **[Go to Q9.5]**
  
- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**

**9.2** Do you now smoke cigarettes every day, some days, or not at all? *[SMOKDAY2]*

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to Q9.4]**
  
- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**

**9.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? *[STOPSMK2]*

- 1 Yes **[Go to Q9.5]**
- 2 No **[Go to Q9.5]**
  
- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? *[LASTSMK2]*

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
  
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? *[USENOW3]*

**Snus (rhymes with 'goose')**

**INTERVIEWER 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 10: Alcohol Consumption**

---

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? *[ALCDAYS5]*

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

10.2 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]*

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

**10.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI Note: *X = 5 for men, X = 4 for women*] or more drinks on an occasion? **[DRNK3GE5]**

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

**10.4** During the past 30 days, what is the largest number of drinks you had on any occasion? **[MAXDRNKS]**

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

### Section 11: Immunization

---

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

**11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? **[FLUSHOT6]**

**READ IF NECESSARY:**

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to Q11.3]**
- 7 Don't know / Not sure **[Go to Q11.3]**
- 9 Refused **[Go to Q11.3]**

**11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? **[FLSHTMY2]**

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

**11.3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? **[PNEUVAC3]**

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

**CATI Note:**

If respondent is ≤ 49 years of age, go to **NEXT SECTION**.

The next question is about the Shingles vaccine.

**11.4** Have you ever had the shingles or zoster vaccine?

[SHINGLE2]

**INTERVIEWER NOTE (Read if necessary):**

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®, the zoster vaccine, or the shingles vaccine.

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

**Section 12: Falls**

---

**CATI Note:**

If respondent is 45 years or older, continue.

Otherwise, go to **NEXT SECTION**.

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

**12.1** In the past 12 months, how many times have you fallen?

[FALL12MN]

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

**12.2** If Q12.1 = 1 fall, ask:

“Did this fall cause an injury?”

**If Q12.1 > 1 falls, ask:**

“How many of these falls caused an injury?”

By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

[FALLINJ2]

**INTERVIEWER NOTE:**

If only ONE fall from Q12.1 and response is “Yes” (caused an injury); code 01.

If response is “No” (caused an injury); code 88.

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

**Section 13: Seatbelt Use**

---

**13.1** How often do you use seat belts when you drive or ride in a car? Would you say—? **[SEATBELT]**

**Please read:**

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

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car **[Go to SECTION 15]**
- 9 Refused

**CATI Note:**

If **Q13.1** = 8 (Never drive or ride in a car), go to **Section 15**.  
Otherwise, continue.

**Section 14: Drinking and Driving**

---

**CATI Note:**

If **Q10.1** = 888 (No drinks in the past 30 days); go to **NEXT SECTION**.

The next question is about drinking and driving.

**14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? **[DRNKDRI2]**

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

**Section 15: Breast and Cervical Cancer Screening**

---

**CATI Note:**

If respondent is male (**SEX** = 1), go to the **NEXT SECTION**.

The next questions are about breast and cervical cancer.

**15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? **[HADMAM]**

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



15.2 How long has it been since you had your last mammogram? *[HOWLONG]*

**Read only if necessary:**

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

**Do not read:**

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

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

- 1 Yes
- 2 No **[Go to Q15.5]**
- 7 Don't know / Not sure **[Go to Q15.5]**
- 9 Refused **[Go to Q15.5]**

15.4 How long has it been since your last breast exam? *[LENGEXAM]*

**Read only if necessary:**

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

**Do not read:**

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? *[HADPAP2]*

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

15.6 How long has it been since you had your last Pap test? *[LASTPAP2]*

**Read only if necessary:**

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

**Do not read:**

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

**CATI Note:**

If response to Core Q8.22 = 1 (is pregnant); then go to **NEXT SECTION**.

**15.7** Have you had a hysterectomy?

[HADHYST2]

**Read only if necessary:**

A hysterectomy is an operation to remove the uterus (womb).

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

**Section 16: Prostate Cancer Screening**

---

**CATI Note:**

If respondent is  $\leq 39$  years of age, or is female, go to **NEXT SECTION**.

Now, I will ask you some questions about prostate cancer screening.

**16.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? [PCPSAAD2]

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

**16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? [PCPSADII]

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

**16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? [PCPSARE1]

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

**16.4** Have you EVER HAD a PSA test? *[PSATEST1]*

- 1 Yes
- 2 No **[Go to NEXT SECTION]**
- 7 Don't Know / Not sure **[Go to NEXT SECTION]**
- 9 Refused **[Go to NEXT SECTION]**

**16.5** How long has it been since you had your last PSA test? *[PSATIME]*

**Read only if necessary:**

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

**Do not read:**

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

**16.6** What was the MAIN reason you had this PSA test – was it ...? *[PCPSARS1]*

**Please read:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

**Do not read:**

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

## Section 17: Colorectal Cancer Screening

---

**CATI Note:**

*If respondent is  $\leq$  49 years of age, go to NEXT SECTION.*

The next questions are about colorectal cancer screening.

**17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? *[BLDSTOOL]*

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit? *[LSTBLDS3]*

**Read only if necessary:**

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

**Do not read:**

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

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

*[HADSIGM3]*

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

*[HADSGCO1]*

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? *[LASTSIG3]*

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

**Section 18: HIV/AIDS**

---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**18.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. **[HIVTST6]**

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

**18.2** Not including blood donations, in what month and year was your last HIV test? **[HIVTSTD3]**

**INTERVIEWER NOTE:**

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

**CATI Note:**

*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 / Not sure

**18.3** Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? **[WHRTST10]**

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 09 Emergency room
- 03 Hospital inpatient
- 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

**NOTE:**

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

**CDC Module 17: Random Child Selection**

---

**CATI Note:**

If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to **NEXT MODULE**.

If Core Q8.7 = 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 Q8.7 is >1 and Core Q8.7 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 Note:**

**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 Note: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI Note: please fill in correct number] child.

1 What is the birth month and year of the “Xth” child? [RCSBIRTH]

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

**CATI Note:**

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

2 Is the child a boy or a girl? [RCSGENDR]

- 1 Boy
- 2 Girl
- 9 Refused

3 Is the child Hispanic, Latino/a, or Spanish origin?

[RCHISLA1]

**If yes, ask:** Are they...

**INTERVIEWER NOTE: One or more categories may be selected.**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

- 5 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?

[RCSRACE1]

**INTERVIEWER NOTE:**

If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

*[Select all that apply]*

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

- 60 30
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**CATI Note:**

If more than one race is selected in **Q4**, **CONTINUE**.

Otherwise, go to **Q6**.

**5** Which one of these groups would you say best represents the child's race?

[RCSBRAC1]

**INTERVIEWER NOTE:**

If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

**10 White**

**20 Black or African American**

**30 American Indian or Alaska Native**

**40 Asian**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**50 Pacific Islander**

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

**6** How are you related to the child?

[RCSRLTN2]

**Please read:**

1 Parent (include biologic, step, or adoptive parent)

2 Grandparent

3 Foster parent or guardian

4 Sibling (include biologic, step, and adoptive sibling)

5 Other relative

6 Not related in any way

**Do not read:**

7 Don't know / Not sure

9 Refused



## CDC Module 18: Childhood Asthma Prevalence

---

**CATI Note:**

If response to Core Q8.7 = 88 (None) or 99 (Refused), go to **NEXT MODULE**.

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

**1** Has a doctor, nurse or other health professional EVER said that the child has asthma? [CASTHDX2]

- 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]

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

## State-Added Module 2: Childhood Diabetes

---

**CATI Note:**

If Core Section Q8.7 = 88 or 99 (No children under age 18 in the household, or Refused);  
Go to **NEXT MODULE**.

Now, I would like to ask you about the “Xth” [CATI Note: Fill in correct number] child.

**1** Has a doctor, nurse or other health professional EVER said the child has diabetes? [CHDIABETES]

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

**State-Added Module 3: Asthma Call Back Survey Information**

---

**CATI Note:**

If Adult Asthma Q7.4 = 1 (Yes) or Childhood Asthma Prevalence CDC Module Q21.1 = 1 (Yes) and Random Child Selection CDC Module Q20.6 = 1 (Parent) or 3 (Foster parent or guardian) then continue. Otherwise, go to **NEXT MODULE**.

**CATI Note:**

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

[ADLTCHLD]

**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]

- 1 Yes
- 2 No [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]

- 1 Yes
- 2 No [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 [CATI Note: Fill with child age] year old child which is the [CATI Note: Fill with Xth randomly selected child] child.

**CATI Note:**

If more than one child, show child age [CATI Note: child age] and which child was selected [CATI Note: 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 [CATI Note: Fill with child's name/initial]'s asthma? [MOSTKNOW]

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

**CATI Note:**  
Set MKPName = FName

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]

- 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 You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child? (OTHName)

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

**CATI Note:**  
Set MKPName = OTHName

**READ:**

“The information you gave us today and that [CATI Note: Fill with 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, [CATI Note: Fill with 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]*

- 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 [*CATI Note: Fill with OTHName*]? For example, evenings, days, weekends?

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

**NOTE:**

***FROM THIS POINT FORWARD, Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.***

**NOTE:**

**FROM THIS POINT FORWARD, 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 **Q6.12** (Diabetes awareness question).

**1** Have you had a test for high blood sugar or diabetes within the past three years? **[PDIABTST]**

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

**CATI Note:**

If Core **Q6.12** = 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]**

**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

**CATI Note:**

Return to **Core Section 7**.

#### State-Added Module 4: Diabetes Risk 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]

*[Mark all that apply]*

**Please read:**

- |   |          |  |            |
|---|----------|--|------------|
| 1 | Mother   |  | [MOMDIAB]  |
| 2 | Father   |  | [DADDIAB]  |
| 3 | Brothers | [Interviewer note: include half-brother] | [BRODIAB]  |
| 4 | Sisters  | [Interviewer note: include half-sister]  | [SISDIAB]  |
| 5 | No one   |  | [NONEDIAB] |

**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? [BABY9WGT]

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

#### State-Added Module 5: Tobacco Indicators

---

Now I'm going to ask you some questions about smoking inside the home.

- 1 Not counting decks, porches, or garages, during the past 7 days, that is, since last [CATI Note: Fill with TODAY'S DAY OF WEEK], on how many days did someone other than you smoke tobacco inside your home while you were at home? [SMOKHOME7D2]

- |    |                     |                |
|----|---------------------|----------------|
| -- | Number of days      | [RANGE: 01-07] |
| 88 | None                |                |
| 77 | Don't know/Not Sure |                |
| 99 | Refused             |                |

- 2 Not counting decks, porches, or garages, inside your home, is smoking ...? *[HOMERULES2]*

**READ:**

- 1 Always allowed
- 2 Allowed only at some times or in some places
- 3 Never allowed

**DO NOT READ:**

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

Now we have two questions about smoking in vehicles.

- 3 During the past 7 days, that is, since last *[CATI Note: Fill with TODAY'S DAY OF WEEK]*, on how many days did you ride in a vehicle where someone other than you was smoking tobacco? *[SHSVEHEXP]*

\_\_ \_\_ Number of days **[RANGE: 01-07]**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

- 4 Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...? *[SHSVEHPOL]*

**INTERVIEWER NOTE:**

IF RESPONDENT HAS ACCESS TO A VEHICLE, BUT NO ONE IN THEIR FAMILY OWNS OR LEASES IT; CODE AS 8

**READ:**

- 1 Always allowed in all vehicles
- 2 Sometimes allowed in at least one vehicle
- 3 Never allowed in any vehicle

**DO NOT READ:**

- 8 Respondent or family does NOT own or lease a vehicle
- 7 Don't know/Not sure
- 9 Refused

**State-Added Module 6: Oral Health**

---

- 1 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? *[DNTLINSUR]*

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

2 During the past 12 months, was there any time when you needed dental care but did not get it? *[DNTLCARE]*

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

3 What was the main reason you did not receive the dental care you needed? *[NODNTLRSN]*

**Read only if necessary:**

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Could not afford / cost / too expensive
- 03 Dentist would not accept my insurance, including Medicaid
- 04 Do not have / know a dentist
- 05 Lack transportation / too far away
- 06 Hours aren't convenient
- 07 Do not have time
- 08 Other ailments prevent dental care
- 09 Could not get into dentist / clinic
- 10 Outside issues preventing obtaining treatment
- 11 Appointment has been or is being scheduled
- 12 Dentist refused / unable to provide treatment
- 13 Other (specify: \_\_\_\_\_)
- 14 No Dental Insurance
- 15 Did not need/want to go
- 16 Did not like/was not satisfied with dentist

*[NODNTLRSNO]*

**Do not read:**

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

4 In the past 12 months, have you had a dentist, hygienist, or other oral health professional check for oral cancer by pulling on your tongue, sometimes with gauze wrapped around it, and feeling under the tongue and inside the cheeks? *[ORALCACHK]*

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



## CDC Module 5: Alcohol Screening & Brief Intervention (ASBI)

---

**CATI Note:**

If Core **Q3.4** = 1, or 2 (had a checkup within the past 2 years) continue.

Otherwise, go to **NEXT MODULE**.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

- 1 You told me earlier that your last routine checkup was [**CATI Note: Q3.4** = 1 fill “within the past year” or **Q3.4** = 2 fill “within the past 2 years”]. At that checkup, were you asked in person or on a form if you drink alcohol? **[ASBIALCH]**
  - 1 Yes
  - 2 No
  - 7 Don’t know/Not sure
  - 9 Refused
  
- 2 Did the health care provider ask you in person or on a form how much you drink? **[ASBIDRNK]**
  - 1 Yes
  - 2 No
  - 7 Don’t know/Not sure
  - 8 Refused
  
- 3 Did the healthcare provider specifically ask whether you drank [**CATI Note: Sex** = 1 then fill “5” for men or **Sex** = 2 then fill “4” for women] or more alcoholic drinks on an occasion? **[ASBIBING]**
  - 1 Yes
  - 2 No
  - 7 Don’t know/Not sure
  - 9 Refused
  
- 4 Were you offered advice about what level of drinking is harmful or risky for your health? **[ASBIADVC]**
  - 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI Note:**

If **Q1, Q2, or Q3** = 1 (Yes) continue

Otherwise, go to **NEXT MODULE**.

**5** Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? **[ASBIRDUC]**

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

**CDC Module 16: Sexual Orientation and Gender Identity**

---

The next two questions are about sexual orientation and gender identity.

**INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.**

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

**1** Do you consider yourself to be: **[SXORIENT]**

**Please read:**

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

**Do not read:**

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

2 Do you consider yourself to be transgender?

[TRNSGNDR]

**If yes, ask:**

“Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

**INTERVIEWER NOTE:**

Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

**Do not read:**

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

**INTERVIEWER NOTE: If asked about definition of transgender, read:**

“Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual. “

**INTERVIEWER NOTE: If asked about definition of gender non-conforming, read:**

“Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman. “

**State-Added Module 7: Adverse Childhood Experiences**

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age-

1 Did you live with anyone who was depressed, mentally ill, or suicidal?

[ACEDEPRS]

- 1 Yes
- 2 No

**Do not read:**

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

2 Did you live with anyone who was a problem drinker or alcoholic? *[ACEDRINK]*

- 1 Yes
- 2 No

**Do not read:**

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

3 Did you live with anyone who used illegal street drugs or who abused prescription medications? *[ACEDRUGS]*

- 1 Yes
- 2 No

**Do not read:**

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

4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? *[ACEPRISN]*

- 1 Yes
- 2 No

**Do not read:**

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

5 Were your parents separated or divorced? *[ACEDIVRC]*

- 1 Yes
- 2 No

**Do not read:**

- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? *[ACEPUNCH]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—? *[ACEHURT]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? *[ACESWEAR]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

9 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? *[ACETOUCH]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? *[ACETTHEM]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? *[ACEHVSEX]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues.

**Please contact The National Hotline for Child Abuse at 1-800-422-4453. Again that number is 1-800-422-4453.**

**State-Added Module 8: Sexual Violence**

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

1 Are you in a safe place to answer these questions? [SVSAFE]

- 1 Yes
- 2 No **[Go to closing statement of Sexual Violence Module]**

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina [If female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

2 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? [SVEHDSEX]

- 1 Yes
- 2 No **[Go to closing statement of Sexual Violence Module]**

**Do not read:**

- 7 Don't know / Not sure **[Go to closing statement of Sexual Violence Module]**
- 9 Refused **[Go to closing statement of Sexual Violence Module]**

3 Think about the time of the most recent incident involving a person who had sex with you, or attempted to have sex with you, after you said or showed that you didn't want to or without your consent. What was that person's relationship to you? [SVRELAT2]

- 01 Personal attendant/caregiver
- 02 Someone you were dating
- 03 Boyfriend/ Girlfriend
- 04 Stranger
- 05 Spouse or live-in partner
- 06 Relative
- 07 Friend
- 08 Acquaintance

**Do not read:**

- 77 Don't know/Not sure
- 88 Other (specify) [SVRELAT2OT]
- 99 Refused

**Closing Statement of Sexual Violence Module:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the **Kansas Crisis Hotline at 1-888-END-ABUSE, that is 1-888-363-2287.** Again, that number **1-888-END-ABUSE, that is 1-888-363-2287.**

**CLOSING**

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

**NOTE:**

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

**PART B**

**State-Added Module 9: Child Immunization (Influenza)**

---

**(NOTE: Question 3 was inadvertently not added to the original Ci3 programming. So, in January, February and April this question was not asked, resulting in the data for these months are missing.)**

**CATI Note:**

If Core Section Q8.7 = 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**.

The next three questions are about the "Xth" [CATI Note: fill with number of selected child] child.

- 1 Now I will ask you questions about the seasonal flu. There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [CATI Note: Fill he/she] had a seasonal flu vaccination? **[FLUSHCH2]**

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

- 2 During what month and year did [CATI Note: Fill he/she] receive his/her most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose. **[RCV FVCH4]**

- / ---- Month / Year **[Go to NEXT MODULE]**
  
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

- 3 What is the **MAIN** reason [*CATI Note: Fill he/she*] has not received a flu vaccination for this current flu season? [CHNOFLU]

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

- 01 Child does not need it
- 02 Doctor did not recommend it
- 03 Did not know that child should be vaccinated
- 04 Flu is not that serious
- 05 Child had the flu already this flu season
- 06 Side effects/can cause flu
- 07 Does not work
- 08 Plan to get child vaccinated later this flu season
- 09 Flu vaccination costs too much
- 10 Inconvenient to get vaccinated
- 11 Saving vaccine for people who need it more
- 12 Tried to find vaccine, but could not get it
- 13 Not eligible to receive vaccine
- 14 Other (specify) \_\_\_\_\_ [CHNOFLUOT]
- 15 Have no got around to it/didn't get it
- 16 Parent does not believe/approve, or is against, flu shots
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

**State-Added Module 10: Adolescent Tetanus-Diphtheria-Pertussis Immunization**

---

**CATI Note:**

*If selected child's age is 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? [CHTNSARCV]

- 1 Yes
- 2 No [Go to NEXT MODULE]

**Do not read:**

- 7 Don't know / Not sure [Go to NEXT MODULE]
- 9 Refused [Go to NEXT MODULE]

- 2 Was his/her most recent tetanus given in 2005 or after that? [CHTNSARCNT]

- 1 Yes
- 2 No [Go to NEXT MODULE]

**Do not read:**

- 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?

[CHTNSASHT1]

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)

**Do not read:**

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

**State-Added Module 11: Health Literacy**

---

Now I would like to ask you some questions about medical forms or medical information.

- 1 How confident are you in filling out medical forms by yourself? For example: insurance forms, questionnaires, and doctor's office forms. Would you say...? [CONFMEDFRM]

**Please read:**

- 1 Not at all
- 2 A little
- 3 Somewhat
- 4 Quite a bit
- 5 Extremely

**Do not read:**

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

- 2 How often do you have problems learning about your health condition because of difficulty in understanding written information? Would you say...? [UNDRSTNDINFO]

**INTERVIEWER PROBE: *If respondent states they do not have a health condition, say:***

"This would include any routine visit to a doctor's office for a physical exam, women's health exam or men's health exam."

**Please read:**

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

**Do not read:**

- 6 Never visited doctor's office
- 7 Don't know / Not sure
- 9 Refused

- 3 How often do you have someone help you read medical materials? For example: family member, friend, caregiver, doctor, nurse or other health professional. Would you say...? *[HLPMEDMATRL]*

**Please read:**

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

**Do not read:**

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

**State-Added Module 12 (CDC funded as State-Added Module): Chronic Fatigue Syndrome**

---

- 1 Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)? *[TOLDCFS]*

- 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 Do you still have Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)? *[HAVCFS]*

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

## CDC Module 16: Sexual Orientation and Gender Identity

---

The next two questions are about sexual orientation and gender identity.

**INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.**

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

1 Do you consider yourself to be: *[SXORIENT]*

**Please read:**

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

**Do not read:**

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

2 Do you consider yourself to be transgender? *[TRNSGNDR]*

**If yes, ask:**

“Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

**INTERVIEWER NOTE:**

Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

**Do not read:**

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

**INTERVIEWER NOTE: If asked about definition of transgender, read:**

“Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual. “

**INTERVIEWER NOTE: If asked about definition of gender non-conforming, read:**

“Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman. “

**State-Added Module 7: Adverse Childhood Experiences**

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age-

**1** Did you live with anyone who was depressed, mentally ill, or suicidal? *[ACEDEPRS]*

- 1 Yes
- 2 No

**Do not read:**

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

**2** Did you live with anyone who was a problem drinker or alcoholic? *[ACEDRINK]*

- 1 Yes
- 2 No

**Do not read:**

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

**3** Did you live with anyone who used illegal street drugs or who abused prescription medications? *[ACEDRUGS]*

- 1 Yes
- 2 No

**Do not read:**

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

**4** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? *[ACEPRISN]*

- 1 Yes
- 2 No

**Do not read:**

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

**5** Were your parents separated or divorced? *[ACEDIVRC]*

- 1 Yes
- 2 No

**Do not read:**

- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? *[ACEPUNCH]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say—? *[ACEHURT]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? *[ACESWEAR]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

9 How often did anyone at least 5 years older than you or an adult, ever touch you sexually? *[ACETOUCH]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? *[ACETTHEM]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

11. How often did anyone at least 5 years older than you or an adult, force you to have sex? *[ACEHVSEX]*

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

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

As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues.

**Please contact The National Hotline for Child Abuse at 1-800-422-4453. Again that number is 1-800-422-4453.**

**State-Added Module 8: Sexual Violence**

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

1 Are you in a safe place to answer these questions? *[SVSAFE]*

- 1 Yes
- 2 No **[Go to closing statement of Sexual Violence Module]**

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina [If female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

2 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? *[SVEHDSEX]*

- 1 Yes
- 2 No **[Go to closing statement of Sexual Violence Module]**

**Do not read:**

- 7 Don't know / Not sure **[Go to closing statement of Sexual Violence Module]**
- 9 Refused **[Go to closing statement of Sexual Violence Module]**

3 Think about the time of the most recent incident involving a person who had sex with you, or attempted to have sex with you, after you said or showed that you didn't want to or without your consent. What was that person's relationship to you? *[SVRELAT2]*

- 01 Personal attendant/caregiver
- 02 Someone you were dating
- 03 Boyfriend/ Girlfriend
- 04 Stranger
- 05 Spouse or live-in partner
- 06 Relative
- 07 Friend
- 08 Acquaintance

**Do not read:**

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

*[SVRELAT2OT]*

**Closing Statement of Sexual Violence Module:** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the **Kansas Crisis Hotline at 1-888-END-ABUSE, that is 1-888-363-2287**. Again, that number **1-888-END-ABUSE, that is 1-888-363-2287**.

**CLOSING**

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