



KANSAS

2015

**Behavioral Risk Factor Surveillance System
Questionnaire**

LANDLINE & CELL PHONE

April 8, 2016

Kansas

Behavioral Risk Factor Surveillance System 2015 Questionnaire

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FOR LANDLINE SURVEY:

Interviewer's Script

HELLO, I am calling for the **Kansas Department of Health & 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 Phone Number

Is this (phone number) ?

[CTELENUM]

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?

[PVTRESD1]

READ ONLY IF NECESSARY:

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

Yes [Go to state of residence]
No [Go to college housing]

No, business phone only

If "No, business phone only",

Thank you very much but we are only interviewing persons on residential phone 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."

Yes [Go to state of residence]
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 Kansas?

[STATERES]

Yes **[Go to Cellular Phone]**
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]

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."

Yes
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 "correct respondent" on Page 11]**
2 **Yes, respondent is female** **[Go to "correct respondent" on Page 11]**
3 **No**

If "No",
Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

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]

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 "correct respondent" on page 11.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[CATE NOTE: fill in (him/her) from previous question]?**

Go to "correct respondent" on page 11.

How many of these adults are men and how many are women?

___ Number of men [NUMMEN]

___ Number of women [NUMWOMEN]

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

If "you," go to "correct respondent" on page 11.



FOR CELL PHONE SURVEY:

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.

Vehicle

Are you driving a vehicle or operating machinery at this time?

Yes
No **[Go to Safe Time]**

If "Yes",
Thank you very much. We will call you back at a more convenient time.
[Set appointment if possible] STOP

Safe Time

Is this a safe time to talk with you?

Yes **[Go to Intro]**
No

If "No",
Thank you very much. We will call you back at a more convenient time.
[Set appointment if possible] STOP

INTRODUCTION

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.

NOTE: If a person mentions that they do not live in the state mentioned, tell them that may still be eligible to participate

Phone

Is this (phone number) ?

[CTELNUM1]

Yes [Go to Cellular Phone]
No [Confirm phone number]

If "No",
Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Cellular Phone

Is this a cellular telephone?

[CELLFON2]

READ ONLY IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

Yes [Go to Adult]
No

If "No",
Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

[CADULT]

1 Yes and the respondent is a male [Go to Private Residence]
2 Yes and the respondent is a female [Go to Private Residence]
3 No

If "No",
Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Private Residence

Do you live in a private residence?

[PVTRES2]

READ ONLY IF NECESSARY: By private residence, we mean someplace like a house or apartment.

Yes [Go to State of Residence]
No [Go to College Housing]

College Housing

Do you live in college housing?

[CCLGHOUS]

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.

Yes [Go to State of Residence]
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

Are you a resident of Kansas?

[CSTATE]

Yes [Go to Landline]
No [Go to State]

State

In what state do you live?

[RSPSTATE]

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

[LANDLINE]

READ ONLY IF NECESSARY: By landline telephone, we mean a "regular" telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

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

1 Yes [Go to Adult]
2 No [Go to Adult]

7 Don't know/Not sure
9 Refused

If College Housing = "Yes", do not ask Number of adults Questions, go to Core.

Adult

How many members of your household, including yourself, are 18 years of age or older?

[HHADULT]

— Number of adults

77 Don't know/Not sure

99 Refused

[Note: If college housing ="yes" then number of adults is set to 1.]



To the correct respondent:

HELLO, I am calling for the **Kansas Department of Health & 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

I will not ask for your last name, address, or other personal information that can identify you. Your participation is voluntary and will not affect any services you may receive from the state of Kansas. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **1-866-445-1429**.

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
- 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
- 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, 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: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? **[BPHIGH4]**

Read only if necessary:

By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

If "Yes" and respondent is female, ask:

"Was this only when you were pregnant?"

- 1 Yes **[Go to Q4.2]**
- 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]**

4.2 Are you currently taking medicine for your high blood pressure? **[BPMEDS]**

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

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? **[BLOODCHO]**

- 1 Yes
- 2 No **[Go to next section]**

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

5.2 About how long has it been since you last had your blood cholesterol checked? **[CHOLCHK]**

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

5.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? **[TOLDHI2]**

- 1 Yes
- 2 No

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

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?”

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), continue to Q6.13.

If Q6.12 > 1 & Qstver = 11 or 21, 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]

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

CATI NOTE:

If Q6.12 = 1 (Yes) & Questionnaire Part = A (Qstver = 11 or 21), go to CDC Diabetes Optional Module 2.

Otherwise, go to next section.

Section 7: Demographics

7.1 Indicate sex of respondent. **Ask only if necessary.**

[SEX]

- 1 Male
- 2 Female

7.2 What is your age?

[AGE]

- Code age in years

- 07 Don't know / Not sure
- 09 Refused

7.3 Are you Hispanic, Latino/a, or Spanish origin?

[HISPANC3]

Interviewer NOTE: One or more categories may be selected.
(Select all that apply)

If yes, ask: Are you...

- 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

7.4 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.

Interviewer NOTE: (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 race response to Q7.4; continue.

Otherwise, go to Q7.6.

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

[ORACE4]

Interviewer NOTE:

If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory 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
- 77 Don't know / Not sure
- 99 Refused

7.6 Are you...?

[MARITAL]

Please read:

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

Do not read:

- 9 Refused

7.7 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

7.8 Do you own or rent your home?

[RENTHOM1]

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

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

- 1 Own
- 2 Rent
- 3 Other arrangement

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

7.9 What county do you live in?

[CTYCODE1]

___ ANSI County Code (formerly FIPS county code)

- 777 Don't know / Not sure
- 888 Out of State [use for cellular telephone interviews only (Qstver => 20)]
- 999 Refused

7.10 What is the ZIP Code where you live?

[ZIPCODE]

_____ ZIP Code

- 77777 Don't know / Not sure
- 99999 Refused

CATI NOTE:

If Cellular Telephone Interview (Qstver => 20), skip to Q7.14.

7.11 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 Q7.13]**

- 7 Don't know / Not sure **[Go to Q7.13]**
- 9 Refused **[Go to Q7.13]**

7.12 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

7.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. [\[CPDEMO1\]](#)

- 1 Yes
- 2 No

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

7.14 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

7.15 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
- 8 Unable to work

Do not read:

- 9 Refused

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

[CHILDREN]

- Number of children
- 88 None
- 99 Refused

7.17 Is your annual household income from all sources—

[INCOME2]

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

CATI Note:

Demographic Core Section Employment Q7.15 = 1 (employed), 2 (self-employed), 5 (student), 6 (retired), or 7 (homemaker); skip to State-Added Module 1 Average Hours Worked. Otherwise, go to Demographic Core Section Q7.18.

State-Added Module 1: Average Hours Worked

(The insertion of this question into the CDC Core Section has been approved by CDC Project Officer, Ken L.)

SA1.1 Previously, you indicated you were (a) [CATI NOTE: insert text response from Demographics Core Section Employment Q17.15]. On the average, how many hours per week, if any, do you work at a job or business? [AVGHR5]

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

CATI Note:

Return to Demographics Core Section Q17.18.

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

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

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

INTERVIEWER NOTE:

If respondent answers in metrics, put "9" in column 178.

Round fractions up

----- Weight (*pounds/kilograms*)

- 7777 Don't know / Not sure
- 9999 Refused

7.20 About how tall are you without shoes?

[HEIGHT3]

INTERVIEWER NOTE:

If respondent answers in metrics, put "9" in column 182.

Round fractions down

__ / __ **Height** (*feet/inches/meters/centimeters*)

77/77 Don't know / Not sure

99/99 Refused

CATI NOTE:

If male, go to Q7.22.

If female respondent is 45 years old or older, go to Q7.22

7.21 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.

7.22 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

7.23 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

7.24 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

7.25 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

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

7.28 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 8: Tobacco Use

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

[SMOKE100]

INTERVIEWER NOTE:

5 packs = 100 cigarettes

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q8.5] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

8.2 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 Q8.4] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

8.3 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 Q8.5] |
| 2 | No | [Go to Q8.5] |
| 7 | Don't know / Not sure | [Go to Q8.5] |
| 9 | Refused | [Go to Q8.5] |

8.4 How long has it been since you last smoked a cigarette, even one or two puffs?

[LASTSMK2]

- | | |
|----|--|
| 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 |

8.5 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 9: Alcohol Consumption

9.1 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?

[ALCDAY5]

- 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 [Go to next section]
- 999 Refused [Go to next section]

9.2 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
- 77 Don't know / Not sure
- 99 Refused

9.3 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
- 88 None
- 77 Don't know / Not sure
- 99 Refused

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

[MAXDRNKS]

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

Section 10: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often **you** ate or drank each one: for example, once a day, twice a week, three times a month, and so forth.

INTERVIEWER NOTE:

If respondent responds less than once per month, put "0" times per month. If respondent gives a number without a time frame, ask: "Was that per day, week, or month?"

10.1 During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. [FRUITJU1]

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month

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

INTERVIEWER NOTE:

Do not include fruit drinks with added sugar or other added sweeteners like Kool-Aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks.

Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in "other vegetables" question 10.6.

DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the R perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.

10.2 During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. **[FRUIT1]**

Read only if necessary:

“Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

- | | |
|------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 555 | Never |
| 777 | Don't know / Not sure |
| 999 | Refused |

INTERVIEWER NOTE:

Do not count fruit jam, jelly, or fruit preserves.

Do not include dried fruit in ready-to-eat cereals.

Do include dried raisins, cran-raisins if respondent tells you - *but due to their small serving size they are not included in the prompt.*

Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items.

Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).

10.3 During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans. **[FVBEANS]**

Read only if necessary:

“Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans.”

- | | |
|------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 555 | Never |
| 777 | Don't know / Not sure |
| 999 | Refused |

INTERVIEWER NOTE:

Include soybeans also called edamame, TOFU (BEAN CURD MADE FROM SOYBEANS), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans.

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

10.4 During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

[FVGREEN]

1 __ Per day
2 __ Per week
3 __ Per month

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

INTERVIEWER NOTE:

Each time a vegetable is eaten it counts as one time.

INTERVIEWER NOTE:

Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula.

Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.

10.5 During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

[FVORANG]

Read only if necessary:

"Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

1 __ Per day
2 __ Per week
3 __ Per month

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

INTERVIEWER NOTE:

Include all forms of carrots including long or baby-cut.

Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit).

Include all forms of sweet potatoes including baked, mashed, casserole, pie, or sweet potatoes fries.

Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup.

Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).

10.6 Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. **[VEGETAB1]**

Read only if necessary:

“Do not count vegetables you have already counted and do not include fried potatoes.”

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month

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

INTERVIEWER NOTE:

Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style cole-slaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans.

Include any form of the vegetable (raw, cooked, canned, or frozen).

Do include tomato juice if respondent did not count in fruit juice.

Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.).

Do not include rice or other grains.

Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish.

Section 11: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION:

If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

11.1 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 **[Go to Q11.8]**

- 7 Don't know / Not sure **[Go to Q11.8]**
- 9 Refused **[Go to Q11.8]**

11.2 What type of physical activity or exercise did you spend the most time doing during the past month?
[\[EXTRACT11\]](#)

INTERVIEWER INSTRUCTION:

If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as "Other".

- __ _ Physical Activity (Specify) **[See Physical Activity Coding List]**
- 77 Don't know / Not Sure **[Go to Q11.8]**
- 99 Refused **[Go to Q11.8]**

11.3 How many times per week or per month did you take part in this activity during the past month?
[\[EXEROFT1\]](#)

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

11.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?
[\[EXERHMM1\]](#)

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

11.5 What other type of physical activity gave you the next most exercise during the past month?
[\[EXTRACT21\]](#)

INTERVIEWER INSTRUCTION:

If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other".

- __ _ Physical Activity (Specify) **[See Physical Activity Coding List]**
- 88 No other activity **[Go to Q11.8]**
- 77 Don't know / Not Sure **[Go to Q11.8]**
- 99 Refused **[Go to Q11.8]**

11.6 How many times per week or per month did you take part in this activity during the past month?
[\[EXEROFT2\]](#)

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

11.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

[EXERHMM2]

__: __ Hours and minutes

777 Don't know / Not sure

999 Refused

11.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

[STRENGTH]

1__ Times per week

2__ Times per month

888 Never

777 Don't know / Not sure

999 Refused

Section 12: Arthritis Burden

CATI NOTE:

If Q6.9 = 1 (yes), continue

Otherwise, go to next section.

Next, I will ask you about your arthritis.

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

12.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

[LMTJOIN3]

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."

1 Yes

2 No

7 Don't know / Not sure

9 Refused

CATI NOTE:

Q12.2 should be asked of all respondents regardless of employment status.

12.2 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]**

INTERVIEWER INSTRUCTION:

If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”

INTERVIEWER NOTE:

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.”

- 1 Yes
- 2 No

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

12.3 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? **[ARTHSOCL]**

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.”

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

12.4 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]**

-- Enter number [00-10]

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

Section 14: 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™.

14.1 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 [\[Go to Q14.4\]](#)
- 7 Don't know / Not sure [\[Go to Q14.4\]](#)
- 9 Refused [\[Go to Q14.4\]](#)

14.2 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
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

14.3 At what kind of place did you get your last flu shot/vaccine?

[IMFVPLAC]

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – **Do not read**)
- 11 A school
- 77 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

- 99 Refused

14.4 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

Section 15: 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.

15.1 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]**

CATI NOTE:

If CDC Demographic Core Section Q7.2 (age) \geq 50 years old
AND

((If CDC Core Q8.2 = 1 or 2]
OR
[If CDC Core Q8.2 = 3 AND Q8.4 = 01-07])

AND

((If CDC Core Q6.7 = 2, 7 or 9]
OR
[If State-Added Module Q2.1 (LUNGCANCER) = 2, 7 or 9]), continue.

Otherwise, go to next module.

SA2.2 Have you discussed with your health care provider whether or not to be screened for lung cancer?
[LCSCREEN]

INTERVIEWER NOTE:

X-rays and CT scans of the chest area are tests sometimes used to screen for lung cancer.

- 1 Yes
- 2 No

Do not read:

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

Module 22: Random Child Selection

CATI NOTE:

If Core Q7.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q7.16 = 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 Q7.16 is >1 and Core Q7.16 does not equal 88 or 99, Interviewer please read:

"Previously, you indicated there were **[CATI NOTE: fill in number]** children age 17 or younger in your household. Think about those **[CATI NOTE: fill in 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: fill in number]** child in your household. All following questions about children will be about the "Xth" **[CATI NOTE: fill in number]** child.

22.1 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).

22.2 Is the child a boy or a girl?

[RCSGENDR]

1 Boy

2 Girl

9 Refused

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

[RCHISLA1]

INTERVIEWER NOTE:

One or more categories may be selected

(Select all that apply)

If yes, ask: Are they...

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

22.4 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 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

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

[RCSBRAC2]

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

22.6 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

Module 23: Childhood Asthma Prevalence

CATI NOTE:

If response to CDC Demographic Core Section Q7.16 = 88 (None) or 99 (Refused), go to next module.

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

23.1 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] |

23.2 Does the child still have asthma?

[CASTHNO2]

- | | |
|---|-----------------------|
| 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 Q6.4 = 1 (Yes) OR
Childhood Asthma Prevalence CDC Module Q23.1 = 1 (Yes) and [Random Child Selection CDC Module Q22.6 = 1 (Parent) or 3 (Foster parent or guardian)], continue.
Otherwise, go to next module.

CATI NOTE:

If ADULT (AdltChld = 1) was selected to participate in the ASTHMA CALLBACK SURVEY, continue.

Otherwise, CHILD (AdltChld=2) was selected, skip to SA3.3.

[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.

SA3.1 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]**

SA3.2 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]**

SA3.3 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]**

SA3.4 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

SA3.5 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 in number]** "Xth" 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

SA3.6 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 SA3.9]**

- 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.

SA3.7 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

SA3.8 What is a good time to call you back? For example, evenings, days, weekends?

_____ Enter day/time **[Go to next module]**

SA3.9 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 in 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 in 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.

SA3.10 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.

SA3.11 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.

Part A

Module 2: Diabetes

CATI NOTE:

To be asked following Core Q6.12; if response is "Yes" (code = 1) & Qstver = 11 or 21.

2.1 Are you now taking insulin?

[INSULIN]

- 1 Yes
- 2 No
- 9 Refused

2.2 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]

- 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

2.3 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]

- 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

2.4 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? **[DOCTDIAB]**

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

2.5 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]**

- 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 2.3 = 555 (No feet), go to 2.7.

2.6 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? **[FEETCHK]**

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

2.7 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. **[EYEEEXAM]**

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

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

[DIABEYE]

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

2.9 Have you ever taken a course or class in how to manage your diabetes yourself?

[DIABEDU]

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

CATI NOTE:

Return to Core Q7.18.

State-Added Module 6: Diabetes Risk Assessment

SA6.1 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
- 2 Father
- 3 Brothers **[Interviewer note: include half-brother]**
- 4 Sisters **[Interviewer note: include half-sister]**
- 5 No one

[MOMDIAB]
 [DADDIAB]
 [BRODIAB]
 [SISDIAB]
 [NONEDIAB]

Do not read:

- 7 Do not know/ Not sure
- 9 Refused

CATI NOTE:

If respondent is female, continue.

Otherwise, go to next module.

SA6.2 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 7: Self-Monitoring Blood Pressure Monitoring

CATI NOTE:

If CDC Core Section Q4.1 = 1 (Yes) or 4 (Told borderline high or pre-hypertensive), continue. Otherwise, go to next module.

SA7.1 Do you measure your blood pressure at home?

[BPHOME]

- | | | |
|---|---------------------|---------------------|
| 1 | Yes [Go to SA7.2] | |
| 2 | No | [Go to next module] |
| 7 | Don't know/Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

SA7.2 How often do you measure your blood pressure at home?

[BPHOMEOFT]

- | | |
|------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 555 | Never |
| 777 | Don't know / Not sure |
| 999 | Refused |

SA7.3 What type of blood pressure monitor do you use?

[BPMTYP]

INTERVIEWER NOTE:

A manual blood pressure monitor uses a stethoscope, an arm cuff, a squeeze bulb, and a gauge, while an automated one has a self-inflating cuff and digital read-out. A hybrid monitor includes a manually inflated cuff and digital read-out.

- | | | |
|---|---------------------|------------|
| 1 | Manual | |
| 2 | Automated | |
| 3 | Hybrid | |
| 4 | Other [specify] | [BPMTYPOT] |
| 7 | Don't know/Not sure | |
| 9 | Refused | |

SA7.4 Do you regularly transmit, via e-mail, Internet, phone or fax, blood pressure readings to a health care provider for feedback?

[BPTRNSMT]

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

State-added Module 8: Farmers Market

SA8.1 How often in the past 12 months did you buy fruits or vegetables from a farmers' market?

[FRMRSMKT]

- | | | |
|------|-----------------------|----------------------|
| 1 __ | Per day | [Go to next section] |
| 2 __ | Per week | [Go to next section] |
| 3 __ | Per month | [Go to next section] |
| 4 __ | Per year | [Go to next section] |
| 555 | Never | [Go to SA8.2] |
| 777 | Don't know / Not sure | [Go to next section] |
| 999 | Refused | [Go to next section] |

SA8.2 What is the main reason you do not purchase your fruits and vegetables from a farmers' market?

[FRMNRSN]

- 01 Lack of transportation
 - 02 Cost/too expensive/do not take form of payment
 - 03 Hours are not convenient
 - 04 Do not trust farmers' market as a food source
 - 05 Grow own fruits and vegetables
 - 06 There is not one in the area
 - 07 Too far away
 - 08 Do not do grocery shopping
 - 09 Prefer grocery store/health food stores
 - 10 Do not eat fruit and vegetables
 - 11 Do not care where fruit and vegetables come from
 - 12 Other (specify: _____) [FRMRSNOT]
 - 13 No reason/Lazy/Just don't
 - 14 Physical/Mental Condition or Disability
 - 15 Availability/Diversity of Produce
 - 16 Obtained from Family/Friends/Neighbors garden
 - 17 Inconvenient-date/location/parking/too busy/too crowded
 - 18 Not Open/Seasonal
 - 19 Poor Advertisement/Unable to Find Information
 - 20 Purchase from Other Organization/Location
 - 21 Does not cook or eat at home often
 - 22 Buys too little/too much to be worth going
 - 23 Forgot/Did not think about it
 - 24 Just opened, not been yet
 - 25 New to area, unsure if one is available
- | | |
|----|----------------------|
| 77 | Don't know/ Not sure |
| 99 | Refused |

State-Added Module 9: Tobacco Indicators

Now I would like to ask you some questions about your use of other tobacco products.

SA9.1 Have you ever used or tried Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY? [\[ECIG\]](#)

INTERVIEWER NOTE:

The act of using electronic cigarettes is sometimes called “vaping.”

IF NEEDED:

"An electronic cigarette is a pen-sized battery-operated tube that looks similar to a cigarette. It heats up air that is inhaled and can contain nicotine and other chemicals."

INTERVIEWER NOTE:

Examples of some brand names include: NJOY, V2, Bull Smoke, Green Smoke, Blu e-cigs, Vapor Couture (VC), White Cloud, Henley, Smokeless Image, AltSmoke, Vapor4Life.

- | | | |
|---|-----------------------------------|-------------------------------|
| 1 | Yes [Go to SA9.2] | |
| 2 | No | [Go to SA9.3] |
| 7 | Don't know/not sure | [Go to SA9.3] |
| 9 | Refused | [Go to SA9.3] |

SA9.2 During the past 30 days, that is, since [\[CATI NOTE: FILL IN DATE\]](#), on how many days did you use Electronic Cigarettes or E-cigarettes? [\[ECIGDAYS\]](#)

__ Number of days [\[RANGE: 1-30\]](#)

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

SA9.3 The next question asks you about smoking tobacco in a water pipe. A water pipe is also called a hookah. Have you ever tried smoking tobacco in a water pipe, even one or two puffs? [\[WTRPIPE\]](#)

- | | | |
|---|-----------------------------------|-------------------------------|
| 1 | Yes [Go to SA9.4] | |
| 2 | No | [Go to SA9.5] |
| 7 | Don't know/not sure | [Go to SA9.5] |
| 9 | Refused | [Go to SA9.5] |

SA9.4 During the past 30 days, that is, since [CATI NOTE: FILL IN DATE], on how many days did you smoke tobacco in a water pipe? [WTRPIPEDAYS]

__ Number of days [RANGE: 1-30]

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

Next I would like to ask you about stores that sell tobacco products near schools.

SA9.5 Do you support or oppose displaying tobacco products, such as cigarettes, cigars and smokeless tobacco, in stores located near schools? [DSPLYTOB]

Read:

- 1 Support
- 2 Oppose

Do Not Read:

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

State-Added Module 10: Sunburn

The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours.

SA10.1 Have you had a sunburn within the past 12 months? [SUNBURN]

- 1 Yes
- 2 No

Do not read:

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

State-Added Module 11: Clinical Trials

SA11.1 A clinical trial is a type of research study that involves people to test new methods of screening, prevention, diagnosis, or treatment of a disease. Has your health care provider ever talked to you about participating in a clinical trial? [\[CLNCLTRL\]](#)

- 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]**

CATI NOTE:

**If CDC Core Section Q6.6 = 1 (Yes) OR
CDC Core Section Q6.7 = 1 (Yes), continue.
Otherwise, go to next module.**

SA11.2 Have you ever been enrolled in a cancer clinical trial managed by your Kansas health care provider? [\[CACLNCLTRL\]](#)

- 1 Yes
- 2 No

Do not read:

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

State-Added Module 12: Family History of Cancer, Genetic Counseling/Testing

SA12.1 Do you have a family history of **[CATI NOTE: Fill; if female “breast, ovarian, or colorectal” or if male “breast or colorectal”]** cancer? Include only blood relatives. Do not include adoptive or those related only by marriage. [\[CAFMLYHX\]](#)

- 1 Yes
- 2 No

Do not read:

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

SA12.2 Have you ever received genetic counseling for cancer? This would include a conversation with an expert, a suitably trained health care provider, about your hereditary risk of cancer.

[CAGENECSL]

- 1 Yes
- 2 No

Do not read:

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

SA12.3 Have you ever had a blood or saliva test to determine your hereditary risk for cancer? A doctor or other health professional would have ordered this test and you would have received the results.

[CAHREDYTST]

- 1 Yes
- 2 No

Do not read:

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

Module 21: 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.

21.1 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

21.2 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 “yes” 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

- 7 Don’t know/not sure
- 9 Refused

INTERVIEWER NOTE:

If asked about definition of transgender:

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 transgender. 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:

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 4: 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-

SA4.1 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

SA4.2 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

SA4.3 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

SA4.4 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

SA4.5 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

SA4.6 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

SA4.7 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

SA4.8 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

SA4.9 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

SA4.10 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

SA4.11 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

State-Added Module 5: 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.

SA5.1 Are you in a safe place to answer these questions?

[SVSAFE]

- 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]

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.

SA5.2 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]

SA5.3 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: _____) [SVRELAT20T]
- 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: FROM THIS POINT FORWARD, Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.

Path B

State-Added Module 13: Oral Health

SA13.1 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

SA13.2 During the past 12 months, was there any time when you needed dental care but did not get it? [DNTLCARE]

- 1 Yes [Go to SA13.3]
- 2 No [Go to SA13.4]

- 7 Don't know/Not sure [Go to SA13.4]
- 9 Refused [Go to SA13.4]

SA13.3 What was the main reason you did not receive the dental care you needed? [NODNTLRSN]

- 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: _____) [NODNTLRSNO]
- 14 No Dental Insurance
- 15 Did not need/want to go
- 16 Did not like/was not satisfied with dentist

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

SA13.4 In the past 12 months, have you visited a hospital emergency room for relief of dental pain in your mouth not related to injury? **[ERDNTLPAIN]**

Interviewer Note:

Dental pain or pain in your mouth include toothache, swelling, abscess, bleeding, or sores in your gums, cheek, tongue, or lips.

- 1 Yes
- 2 No

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

Module 10: Arthritis Management

CATI NOTE:

If CDC Core Section Q6.9 = 1 (Yes), continue.

Otherwise, go to next module.

10.1 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]**

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

10.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? **[ARTHWGT]**

- 1 Yes
- 2 No

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

10.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? **[ARTHEXER]**

INTERVIEWER 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

10.4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? [ARTHEDU]

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

State-Added Module 14: Hepatitis C Virus Testing

SA14.1 Has your doctor ever recommended that you be tested for hepatitis C virus? [HEPCDRREC]

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

SA14.2 When was the last time you were tested for hepatitis C? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. [HEPCTST]

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

State-Added Module 15: Adolescent Immunization – Meningococcal vaccination

CATI NOTE:

If CDC Core Section Q7.16 = 88 or 99 (No children under age 18 in the household or Refused), go to next module.

CATI NOTE:

If Child's age is between 11 and 17 years (CHLDAGE2 => 11), continue. Else, go to next module.

SA15.1 A vaccine to prevent some types of meningitis caused by bacteria is available. Has this child ever had the Meningococcal vaccination? [MENCALVAC]

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know / Not sure
- 9 Refused

State-Added Module 16: Child Immunization (Influenza)

CATI NOTE:

If CDC Core Section Q7.16 = 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 6 months or greater (CHLDAGE1 ≥ 6), continue. Otherwise, go to next module.

SA16.1 During the past 12 months, has **[CATI NOTE: Fill: he/she]** had a seasonal flu vaccination? There are two types of flu vaccinations. One is a shot and the other is a spray in the nose.

[FLUSHCH2]

- 1 Yes **[Go to SA16.2]**
- 2 No **[Go to SA16.3]**

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

SA16.2 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? **[RCVFCVCH4]**

__ / ____ Month / Year **[Go to next module]**

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

SA16.3 What is the MAIN reason [CATI NOTE: Fill: he/she] has not received a flu vaccination for this current flu season? [CHNOFLU]

INTERVIEWER NOTE:

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 not got around to it/didn't get it
- 16 Parent does not believe/approve, is against, flu shots
- 17 Age is too young
- 18 Decision left to child who refused
- 19 Do not trust vaccine
- 20 Child has needle phobia/anxiety
- 21 Unsure if child has been given shot
- 22 Not Parent, it is up to them
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

State-Added Module 17: Tick Borne Disease

SA17.1 In the past 12 months have you been told by your doctor or healthcare provider that you have a tick-borne diseases? [TICKDEASE]

INTERVIEWER NOTE:

A tick-borne disease is a disease passed by the bite of an infected tick to a human. The following are a list of tick-borne diseases found in the United States; Lyme disease, ehrlichiosis, anaplasmosis, Rocky Mountain Spotted Fever, tularemia, babesiosis, and tick-associated rash illness (STARI).

- 1 Yes **[Go to SA17.2]**
- 2 No **[Go to SA17.3]**
- 7 Don't know / Not sure **[Go to SA17.3]**
- 9 Refused **[Go to SA17.3]**

SA17.2 Which tick-borne disease have you been told by your doctor or healthcare provider that you had in the past 12 months? **[TICKDEASETYP]**

Read if necessary:

- 01 Lyme disease
- 02 Ehrlichia (*er-lick-ia*)
- 03 Anaplasmosis (*ana-plaz-mosis*)
- 04 Rocky Mountain Spotted Fever
- 05 Tularemia
- 06 Babesiosis (*bab-E-zee-osis*)
- 07 Tick-associated rash illness (also called STARI)
- 08 Heartland virus disease
- 09 Other (specify : _____) **[TICKDTYPOT]**

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

SA17.3 How many dogs do you have? **[DOGNUM]**

- 1 I do not have any dogs. **[Go to next section]**
- 2 One dog.
- 3 Two dogs.
- 4 Three dogs.
- 5 Four dogs.
- 6 Five or more dogs.

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

SA17.4 In the past 12 months, how many of your dog(s) has a veterinarian told you had ehrlichiosis (*er-lick-e-osis*)? **[HAVEHRILIC]**

- 1 One dog.
- 2 Two dogs.
- 3 Three dogs.
- 4 Four dogs.
- 5 Five or more dogs.

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

CDC Module 20: Social Context

Now, I am going to ask you about several factors that can affect a person's health.

CATI NOTE:

**If CDC Core Section Q7.8 = 1 (own) or 2 (rent), continue.
Else go to Q20.2.**

20.1 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--- **[SCNTMNY1]**

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

20.2 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--- **[SCNTMEL1]**

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

CATI NOTE:

If CDC Core Section Q7.15 = 1 (Employed for wages), 2 (Self-employed) 9 (Refused), go to Q20.3 and Q20.4.

If CDC Core Section Q7.15 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q20.5 and Q20.6.

If CDC Core Section Q7.15 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q20.6.

20.3 At your main job or business, how are you generally paid for the work you do. Are you: **[SCNTPAID]**

INTERVIEWER NOTE:

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

- 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

20.4 About how many hours do you work per week at all of your jobs and businesses combined? **[SCNTWRK1]**

- Hours (01-96 or more) **[Go to next module]**
- 97 Don't know / Not sure **[Go to next module]**
- 98 Does not work **[Go to next module]**
- 99 Refused **[Go to next module]**

20.5 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you: **[SCNTLPAD]**

- 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

20.6 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined? **[SCNTLWK1]**

- Hours (01-96 or more)
- 97 Don't know / Not sure
- 98 Does not work
- 99 Refused

State-Added Module 18: Prescription Drug Overdose

SA18.1 In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication NOT medication that is available over the counter. **[NOTRXDRGUSE]**

- 1 Yes **[Go to SA18.2]**
- 2 No **[Go to next module]**

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

SA18.2 We want to understand why people use prescription medication that was not prescribed specifically to them. The last time you used prescription pain medication that was not prescribed to you, what were the reasons? **[NRXDRGRSN]**

CHECK ALL THAT APPLY

- 01 Pain relief, medication prescribed to me does not relieve pain **[RXDANS1]**
- 02 Relieve other physical symptoms **[RXDANS2]**
- 03 Relieve anxiety, depression or stress **[RXDANS3]**
- 04 For fun, good feeling, getting high **[RXDANS4]**
- 05 Peer pressure **[RXDANS5]**
- 06 Prevent withdrawal symptoms **[RXDANS6]**
- 07 Other (Specify : _____) **[NRXDRGRSNOT]** **[RXDANS7]**
- 08 Pain relief, not related to prescribed pain medication not working **[RXDANS8]**
- 09 Doctor refused to prescribe pain medication **[RXDANS9]**
- 10 Cost prevents filling prescription for pain medication **[RXDANS10]**
- 11 Prescription pain medication not at hand or ran out at time it is needed **[RXDANS11]**
- 12 Was available, and/or offered, for relief of pain **[RXDANS12]**
- 13 No insurance **[RXDANS13]**
- 77 Don't know / Not sure
- 99 Refused

Module 21: 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.

21.1 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

21.2 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 “yes” 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 |
| 7 | Don't know/not sure |
| 9 | Refused |

INTERVIEWER NOTE:

If asked about definition of transgender:

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 transgender. 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:

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 4: 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-

SA4.1 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

SA4.2 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

SA4.3 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

SA4.4 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

SA4.5 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

SA4.6 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
- 4 More than once

Do not read:

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

SA4.7 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

SA4.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? [ACEWEAR]

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

SA4.9 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

SA4.10 How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

[ACETTHERM]

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

SA4.11 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

State-Added Module 5: 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.

SA5.1 Are you in a safe place to answer these questions?

[SVSAFE]

- 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]**

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.

SA5.2 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]**

SA5.3 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.