KANSAS

2017

Behavioral Risk Factor Surveillance System Questionnaire

Landline Phone & Cell Phone Surveys

July 31, 2018

(Based on CDC BRFSS December 29, 2016 draft questionnaire)
Table of Contents

Table of Contents…………………………………………………………………………………….. 2
Interviewer’s Script Landline Sample………………………………………………………... 4
Interviewer’s Script Cell Phone Sample………………………………………………………….. 9

Core Sections………………………………………………………………………………………….14
Section 1: Health Status ........................................................................................................ 14
Section 2: Healthy Days – Health-Related Quality of Life.................................................. 14
Section 3: Health Care Access ............................................................................................ 15
Section 4: Hypertension Awareness .................................................................................... 18
Section 5: Cholesterol Awareness ...................................................................................... 19
Section 6: Chronic Health Conditions ................................................................................. 20
Section 7: Arthritis Burden ................................................................................................. 24
Section 8: Demographics ..................................................................................................... 25
Section 9: Tobacco Use ........................................................................................................ 37
Section 10: E-Cigarettes ...................................................................................................... 39
Section 11: Alcohol Consumption ....................................................................................... 40
Section 12: Fruits and Vegetables ....................................................................................... 41
Section 13: Exercise (Physical Activity) .............................................................................. 45
Section 14: Seatbelt Use ..................................................................................................... 47
Section 15: Immunization .................................................................................................... 48
Section 16: HIV/AIDS ......................................................................................................... 49

CDC Optional/State-Added Modules (Asked of All)............................................................51
State-Added Module 1: Health Care Access [Asked in Core].............................................. 16
State-Added Module 2: Average Hours Worked [Asked in Core]...................................... 34
CDC Optional Module 28: Random Child Selection ......................................................... 51
CDC Optional Module 29: Childhood Asthma Prevalence ............................................... 55
State-Added Module 3: Asthma Follow-up Permission...................................................... 56
CDC Optional Module 6: Preconception Health/Family Planning .................................... 59
Part A: CDC Optional/State-Added Modules……………………………………………………………..62
CDC Optional Module 9: Sleep Disorder .......................................................... 62
CDC Optional Module 3: Respiratory Health (COPD Symptoms) ......................... 63
CDC Optional Module 11: Alcohol Screening & Brief Intervention (ASBI) ............... 64
State-Added Module 4: Oral Health (CDC Rotating Core Section) ....................... 66
State-Added Module 5: Oral Health ......................................................... 66
CDC Optional Module 6: Arthritis Management ............................................... 68
CDC Optional Module 21: Caregiving ....................................................... 69
State-Added Module 6: Farmers Market .................................................. 73
State-Added Module 7: Active Transportation - Adult ..................................... 77
State-Added Module 8: Active Transportation - Child ................................... 78
State-Added Module 9: Childhood Flu Immunization ..................................... 79
State-Added Module 10: Adolescent Meningococcal Immunization ..................... 81
State-Added Module 11: Adolescent TDap Immunization .................................. 83
State-Added Module 12: Childhood HPV Immunization .................................. 84
State-Added Module 13: Opioid Use Disorder ............................................. 87
CDC Optional Module 27: Firearm Safety .................................................. 89
Closing Statement ....................................................................................... 90

Part B: CDC Optional/State-Added Modules……………………………………………………………..92
CDC Optional Module 2: Diabetes [Asked in Core] ........................................ 92
State-Added Module 14: E-Cigarettes Reason for Initiating [Asked in Core] ........... 95
State-Added Module 15: Diabetes Risk Assessment ........................................ 96
State-Added Module 16: Self-Monitoring Blood Pressure ................................ 97
State-Added Module 17: Sun Safety Behavior .............................................. 98
State-Added Module 18: Skin Cancer – Tanning Bed/Sun Lamp – Adults ............... 98
CDC Optional Module 20: Lung Cancer Screening ......................................... 99
State-Added Module 20: Lung Cancer Screening ......................................... 101
CDC Optional Module 12: Cancer Survivorship .......................................... 102
State-Added Module 21: Hookah Use ........................................................ 108
State-Added Module 22: Telephone Tobacco Quitline Knowledge ....................... 109
State-Added Module 23: In-home Smoking Rules ......................................... 109
State-Added Module 24: Multi-Unit Dwelling Second Hand Smoke ..................... 110
State-Added Module 25: Work Place Second Hand Smoke ............................... 111
State-Added Module 26: Mental Health – Kessler 6 ....................................... 112
State-Added Module 27: Sexual Violence .................................................. 113
State-Added Module 28: Suicide ................................................................ 116
Closing Statement ....................................................................................... 117

Activity List for Common Leisure Activities.......................................................118
Interviewer’s Script Landline Sample

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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.

Confirm Phone Number

LL.1 Is this (phone number)?

  1  Yes
  2  No

CATI/Interviewer NOTE:
If LL.1 = 2 (No); read:
“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 (PVTRES)

LL.2  Is this a private residence?  [PVTRESD1]

Introducer Instruction:
Read only if necessary:
“By private residence, we mean someplace like a house or apartment.”

INTERVIEWER NOTE:
Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1  Yes  [Go to STATERE1]
2  No  [Go to COLGHOUS]
3  No, Business phone only

CATI/Interviewer NOTE:
If LL.2 = 3 (No, business phone only); read:
“Thank you very much, but we are only interviewing persons on residential phone lines at this time.”
STOP.

College Housing

LL.3  Do you live in college housing?  [COLGHOUS]

Introducer Instruction:
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 CELLFON4]
2  No

CATI/Interviewer NOTE:
If LL.3 = 2 (No); read:
“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

LL.4  Do you currently live in Kansas?  [STATERE1]

   1  Yes [Go to CELLFON4]
   2  No

CATI/Interviewer NOTE:
If LL.4 = 2 (No); read:
“Thank you very much, but we are only interviewing persons who live in Kansas at this time.”
STOP.

Cellular Phone

LL.5  Is this a cell telephone?  [CELLFON4]

   Interviewer Instruction:
   Read only if necessary:
   “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

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

   1  Yes
   2  No

CATI/Interviewer NOTE:
If LL.5 = 1 (Yes); read:
“Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing.”
STOP.

CATI NOTE:
If COLGHOUS (LL.3) = 1 (Yes); continue.
Otherwise, go to Adult Random Selection.
Adult

LL.6 Are you 18 years of age or older? [LADULT]

1 Yes, respondent is male [Go to Core Section Introduction (page 14)]
2 Yes, respondent is female [Go to Core Section Introduction (page 14)]
3 No

CATI/Interviewer NOTE:
If LL.6 = 3 (No); read:
“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. Excluding adults living away from home, such as students away at college.

LL.7 How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults [NUMADULT]

CATI/Interviewer NOTE:
If NUMADULT (11.7) = 1; ask:
“Are you the adult?”

If “yes”; read:
“Then you are the person I need to speak with.”
Go to LL.8: Enter 1 man or 1 woman below (Ask gender if necessary).
Then go to Correct Respondent (page 14)

INTERVIEWER NOTE:
GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

CATI/Interviewer NOTE:
If "no"; ask:
“Is the adult a man or a woman?”
Go to LL.8: Enter 1 man or 1 woman below.
Then go to Correct Respondent (page 14)
LL.8 How many of these adults are men?

   __ Number of men
   \[\text{NUMMEN}\]

So, the number of women in the household is \(X = \text{Number of Adults} - \text{Number of Men}\).

   __ Number of women
   \[\text{NUMWOMEN}\]

Is that correct?

**CATI NOTE:**
If “no”; re-confirm number of adults in household:
Go to Number of Adults

**CATI/Interviewer NOTE:**
If “yes”; read:
“The person in your household that I need to speak with is (selected respondent). “

If "you":
Go to Correct Respondent (page 14)

If not selected respondent; ask:
“May I speak with [CATI Note: Fill with “him” or “her” from the previous question]?”

If “yes”:
Go to Correct Respondent (page 14)

If “no”; ask:
“When would be a good time to callback to speak with the (selected respondent)? “
SET APPOINTMENT IF POSSIBLE.
STOP.
Interviewer’s Script Cell Phone

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NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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 (KS IRB Requirement)

SACP.1 Are you driving a vehicle or operating machinery at this time?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No  [Go to SAFETIME]</td>
</tr>
</tbody>
</table>

CATI NOTE:
If SACP.1 = 1 (Yes); read:
“Thank you very much. We will call you back at a more convenient time.”
SET APPOINTMENT IF POSSIBLE.
STOP.

Safe Time

CP.1 Is this a safe time to talk with you? [SAFETIME]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes [Go to CTELNUM1]</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>
CATI/Interviewer NOTE:
If CP.1 = 2 (No); read:
“Thank you very much. We will call you back at a more convenient time.”
SET APPOINTMENT IF POSSIBLE.
STOP.

Introduction continued; read:
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.

Phone
CP.2 Is this (phone number)? [CTELNUM1]

1 Yes [Go to CELLFON5]
2 No

CATI/Interviewer NOTE:
If CP.2 = 2 (No); confirm telephone number with respondent:

If “no”; read:
“Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called a later time.”
STOP.

If “yes”;
Go to CELLFON5 (CP.3).

Cellular Phone
CP.3 Is this a cell telephone? [CELLFON5]

Read only if necessary:
“By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.”

1 Yes [Go to CADULT]
2 No
CATI/Interviewer NOTE:
If CP.3 (No); read:
“Thank you very much, but we are only interviewing cell telephones at this time.”
STOP.

Adult

CP.4 Are you 18 years of age or older? [CADULT]

1 Yes, respondent is male [Go to PVTRESRD3]
2 Yes, respondent is female [Go to PVTRESRD3]
3 No

CATI/Interviewer NOTE:
If CP.4 = 2 (No); read:
“Thank you very much, but we are only interviewing persons aged 18 or older at this time.”
STOP.

INTERVIEWER NOTE:
GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.5 Do you live in a private residence? [PVTRESRD3]

Read only if necessary:
“By private residence, we mean someplace like a house or apartment.”

INTERVIEWER NOTE:
Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1 Yes [Go to CSTATE1]
2 No [Go to CCLGHOUS]
College Housing

CP.6  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.”

1  Yes [Go to CSTATE1]
2  No

CATI/Interviewer NOTE:
If CP.6 = 2 (No); read:
“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

CP.7  Do you currently live in Kansas?  [CSTATE1]

1  Yes [Go to LANDLINE]
2  No [Go to RSPSTAT1]

State

CP.8  In what state do you currently live?  [RSPSTAT1]

ENTER FIPS STATE
**Landline**

**CP. 9**  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.”

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**CATI NOTE:**
If CCLGHOUS (CP.6) = 1 (yes); set HHADULT (CP.10) = 1 & go to Correct Respondent (page 14)

**Number of Adults**

**CP.10**  How many members of your household, including yourself, are 18 years of age or older?  [HHADULT]

<table>
<thead>
<tr>
<th></th>
<th>Number of adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
Core Sections

INTERVIEWER NOTE:
Items in parentheses anywhere throughout the questionnaire do NOT need to be read.

To Correct Respondent:
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

C1.1 Would you say that in general your health is—

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

C2.1 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?

_ _ Number of days
88 None
77 Don’t know / Not sure
99 Refused
C2.2  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?  

<table>
<thead>
<tr>
<th></th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

[MENTHLTH]

Go to next section if PHYSHLTH (C2.1) & MENTHLTH (C2.2) = 88.

C2.3  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?  

<table>
<thead>
<tr>
<th></th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

[POORHLTH]

Section 3: Health Care Access

C3.1  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?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

[HLTHPLN1]

SKIP Note:  
If HLTHPLN1 (C3.1) = 1 (Yes); continue to State-Added Module 1: Health Care Access.  
Otherwise, go to PERSDOC2 (C3.2).
State-Added Module 1: Health Care Access (CDC Optional Module 10: Health Care Access Q2)

(The insertion of this question into the CDC Core Section has been approved by CDC, Carol P.)

SA1.1 What is the primary source of your health care coverage? Please let me read all the answer choices before giving me your answer. Is it… [HLTHCVR1]

Interviewer Instruction:
If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Kansas Marketplace), ask:
“Was it a private health insurance plan purchased on your own or by a family member (private) or did you receive Medicaid (KanCare)?”

Please Read:
01 A plan purchased through an employer or union
   (Includes plans purchased through another person's employer)
02 A plan that you or another family member buys on your own
03 Medicare
04 Medicaid or other state program (KanCare)
05 TRICARE (formerly CHAMPUS), VA, or Military
06 Alaska Native, Indian Health Service, Tribal Health Services
07 Some other source
08 None (no coverage)

Do not read:
77 Don't know/Not sure
99 Refused

SKIP Note:
Return to Section 3: Health Care Access PERSDOC2 (C3.2).
C3.2  Do you have one person you think of as your personal doctor or health care provider?  [PERSDOC2]

Interviewer Instruction:
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

C3.3  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

C3.4  A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?  [CHECKUP1]

Read only if necessary:
1  Within the past year (anytime less than 12 months ago)
2  Within the past 2 years (1 year but less than 2 years ago)
3  Within the past 5 years (2 years but less than 5 years ago)
4  5 or more years ago

Do not read:
7  Don’t know / Not sure
8  Never
9  Refused
Section 4: Hypertension Awareness

C4.1 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.”

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

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

C4.2 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

C5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

[CHOLCHKI]

Read only if necessary:

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

Do not read:

7  Don’t know / Not sure
9  Refused [Go to next section]

C5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

[TOLDHI2]

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

7  Don’t know / Not sure [Go to next section]
9  Refused [Go to next section]

C5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

[CHOLMED1]

1  Yes
2  No

7  Don’t know / Not sure
9  Refused
# Section 6: Chronic 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.”

<table>
<thead>
<tr>
<th>C6.1</th>
<th>Ever told you that you had a heart attack also called a myocardial infarction?</th>
<th>[CVDINFR4]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C6.2</th>
<th>(Ever told) you had angina or coronary heart disease?</th>
<th>[CVDCRHD4]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C6.3</th>
<th>(Ever told) you had a stroke?</th>
<th>[CVDSTRK3]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C6.4</th>
<th>(Ever told) you had asthma?</th>
<th>[ASTHMA3]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>[Go to C6.6]</td>
</tr>
<tr>
<td>2</td>
<td>No [Go to C6.6]</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure [Go to C6.6]</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused [Go to C6.6]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C6.5</th>
<th>Do you still have asthma?</th>
<th>[ASTHNOW]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>
C6.6 (Ever told) you had skin cancer? [CHCSCNCR]

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

C6.7 (Ever told) you had any other types of cancer? [CHCOCNCR]

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

C6.8 (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
C6.9  (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?  

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)

C6.10 (Ever told) you have a depressive disorder, (including depression, major depression, dysthymia) or minor depression?  

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

C6.11 (Ever told) you have kidney disease?  Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

1   Yes
2   No
7   Don’t know / Not sure
9   Refused
C6.12 (Ever told) you have diabetes?

**Interviewer Instruction:**
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 [Go to next module]
3 No [Go to next module]
4 No, pre-diabetes or borderline diabetes [Go to next module]
7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]

C6.13 How old were you when you were told you have diabetes?

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

98 Don’t know / Not sure
99 Refused

**SKIP Note:**
If QSTVER = 12 or 22 (Part B), go to CDC Optional Module 2: Diabetes.
Otherwise, continue to next section.
Section 7: Arthritis Burden

SKIP Note:
If Section 6: Chronic Health Conditions HAVARTH3 (C6.9) = 1; 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.

C7.1 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; read:
“Please answer the question based on your current experience, regardless of whatever or whether you are taking medication or treatment.”

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

CATI NOTE:
Question C7.2 should be asked of ALL respondents regardless of employment status.

C7.2 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 issues is “Yes” then code the overall response as 1 (Yes).

Interviewer Instruction:
If a question arises about medications or treatment; read:
“Please answer the question based on your current experience, regardless of whatever or whether you are taking medication or treatment.”

1    Yes
2    No
7    Don’t know / Not sure
9    Refused
C7.3 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; read:
“Please answer the question based on your current experience, regardless of whatever or whether you are taking 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

C7.4 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. 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. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? [JOINPAI1]

_ _ Enter number [00-10]
77 Don’t know / Not sure
99 Refused

Section 8: Demographics

C8.1 For the accuracy of this survey, it is important that we verify your sex.

(Text above has been approved to be used by CDC in the 2017 Kansas BRFSS Survey.)

Are you …?

Interviewer Note:
Ask this question even if respondent’s sex had been identified during landline household enumeration or cell phone screening questions.

1 Male
2 Female
9 Refused
**C8.2** What is your age?

[AGE]

_ _ Code age in years

07 Don’t know / Not sure

09 Refused

**C8.3** Are you Hispanic, Latino/a, or Spanish origin?

[HISPANC3]

If “yes”, ask:

“Are you: Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban OR another Hispanic; Latino/a or Spanish origin?”

If “no”: Code as 5 “No”.

**Interviewer Note:** One or more categories may be selected.

[Mark all that apply]

Please read [1-4]:

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
C8.4 Which one or more of the following would you say is your race?  

[MRACE1]

INTERVIEWER NOTE:  
One or more categories may be selected.

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

[Mark 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

SKIP Note:  
If more than one race response selected for MRACE1 (C8.4); continue.  
Otherwise, go to MARITAL (C8.6).
C8.5 Which one of these groups would you say best represents your race?

[Interviewer Note:]
If 40 (Asian) or 50 (Pacific Islander) is selected; read and code subcategories underneath major heading.

[Interviewer Note:]
If respondent has selected multiple races in previous and refuses to select a single race; code 99 “refused.”

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
77 Don’t know / Not sure
99 Refused
C8.6  Are you…?  

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

C8.7  What is the highest grade or year of school you completed?  

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.
C8.8 Do you own or rent your home?  

[RENTHOM1]

**Interviewer Note:**  
“HOME” is defined as the place where you live most of the time/the majority of the year.

**Interviewer Note:**  
“OTHER ARRANGEMENT” may include group home, staying with friends or family without paying rent.

**Interviewer Instruction:**  
If respondent asks why we ask this question; read:  
“We ask this question in order to compare health indicators among people with different housing situations.”

**Read only if necessary:**
1. Own  
2. Rent  
3. Other arrangement

**Do not read:**
7. Don’t know / Not sure  
9. Refused

C8.9 In what county do you currently live?  

[CTYCODE2]

_ _ _ ANSI County Code *(formerly FIPS county code)*
888 Out-of-State *(Used in Cell Phone Survey ONLY)*
777 Don’t know / Not sure  
999 Refused

C8.10 What is the ZIP Code where you currently live?  

[ZIPCODE1]

_ _ _ _ _ ZIP Code
77777 Don’t know / Not sure  
99999 Refused

**SKIP Note:**  
If Cell Phone Interview *(QSTVER = 20, 21 or 22)*; go to VETERAN3 (C8.14).  
Otherwise, Landline Interview *(QSTVER = 11 or 12)*; continue.
C8.11  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.  

1  Yes  
2  No [Go to C8.13]  
7  Don’t know / Not sure [Go to C8.13]  
9  Refused [Go to C8.13]

C8.12  How many of these telephone numbers are residential numbers?  

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

C8.13  Including phones for business and personal use, do you have a cell phone for personal use?  

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

C8.14  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?  

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
C8.15 Are you currently…?

Interviewer Instruction:
If more than one response given; read:
“Select the category which best describes you.”

**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

NOTE: Do not code 7 for “don’t know” on this question.

C8.16 How many children less than 18 years of age live in your household?

_ _  Number of children

88  None

99  Refused
C8.17 Is your annual household income from all sources—

**[INCOME2]**

**Interviewer Instruction:**
If respondent refuses at any income level; code 99 (Refused).

<table>
<thead>
<tr>
<th>Code</th>
<th>Income Range</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Less than $10,000</td>
<td>If “no,” code 02</td>
</tr>
<tr>
<td>02</td>
<td>Less than $15,000</td>
<td>If “no,” code 03; if “yes,” ask 01</td>
</tr>
<tr>
<td>03</td>
<td>Less than $20,000</td>
<td>If “no,” code 04; if “yes,” ask 02</td>
</tr>
<tr>
<td>04</td>
<td>Less than $25,000</td>
<td>If “no,” ask 05; if “yes,” ask 03 ($20,000 to less than $25,000)</td>
</tr>
<tr>
<td>05</td>
<td>Less than $35,000</td>
<td>If “no,” ask 06 ($25,000 to less than $35,000)</td>
</tr>
<tr>
<td>06</td>
<td>Less than $50,000</td>
<td>If “no,” ask 07 ($35,000 to less than $50,000)</td>
</tr>
<tr>
<td>07</td>
<td>Less than $75,000</td>
<td>If “no,” code 08 ($50,000 to less than $75,000)</td>
</tr>
<tr>
<td>08</td>
<td>$75,000 or more</td>
<td></td>
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<tr>
<td>09</td>
<td>$100,000 or more</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

**SKIP Note:**
If EMPLOY1 (C8.15) = 1, 2, 5, 6 or 7; go to State-Added Module 2: Average Hours Worked. Otherwise, continue to INTERNET (C8.18).
### State-Added Module 2: Average Hours Worked

*(The insertion of this question into the CDC Core Section has been approved by CDC, Carol P.)*

**SA2.1** Previously, you indicated you were (a) [CATI NOTE: insert text response from Employment Q8.15]. On the average, how many hours per week, if any, do you work at a job or business? 

<table>
<thead>
<tr>
<th></th>
<th>Number of hours [76 = 76 or more]</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**SKIP Note:**
Return to **Section 8: Demographics INTERNET** (C8.18).

**C8.18** Have you used the internet in the past 30 days?  

<table>
<thead>
<tr>
<th></th>
<th>[INTERNET]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**C8.19** About how much do you weigh without shoes?  

**Interviewer Note:**
If respondent answers in metrics, put “9” in column 183. **ROUND FRACTIONS UP.**

<table>
<thead>
<tr>
<th></th>
<th>Weight [pounds/kilograms]</th>
</tr>
</thead>
<tbody>
<tr>
<td>7777</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9999</td>
<td>Refused</td>
</tr>
</tbody>
</table>
C8.20  About how tall are you without shoes?  

__ / __  Height [feet/inches or meters/centimeters]

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

Interviewer Note:  
If respondent answers in metrics, put “9” in column 187.  
ROUND FRACTIONS DOWN.

SKIP Note:  
If SEX (C8.1) = 2 & AGE (C8.2) < 50 years old; continue.  
Otherwise, go to DEAF (C8.22).

C8.21  To your knowledge, are you now pregnant?  

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

C8.22  Some people who are deaf or have serious difficulty hearing, may or may not, use equipment to 
communicate by phone.  Are you deaf or do you have serious difficulty hearing?  

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

C8.23  Are you blind or do you have serious difficulty seeing, even when wearing glasses?  

1  Yes
2  No
7  Don’t know / Not Sure
9  Refused
**C8.24** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  
[DISEASE]

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</table>

**C8.25** Do you have serious difficulty walking or climbing stairs?  
[DIFFWALK]

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**C8.26** Do you have difficulty dressing or bathing?  
[DIFFDRES]

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
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</tbody>
</table>

**C8.27** 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]

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
Section 9: Tobacco Use

C9.1 Have you smoked at least 100 cigarettes in your entire life?  

[SMOKE100]

Interviewer Note:
5 PACKS = 100 CIGARETTES

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.

1  Yes
2  No [Go to C9.5]
7  Don’t know / Not Sure [Go to C9.5]
9  Refused [Go to C9.5]

C9.2 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 C9.4]

Do not read:
7  Don’t know / Not sure [Go to C9.5]
9  Refused [Go to C9.5]

C9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?  

[STOPSMK2]

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

SKIP Note:  
Go to USENOW3 (C9.5).
C9.4 How long has it been since you last smoked a cigarette, even one or two puffs?  

Read only if necessary:
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

Do not read:
77 Don’t know / Not sure
99 Refused

C9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Interviewer Note:
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: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

**Interviewer Note:**
These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

**C10.1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? [ECIGARET]

**Read if necessary:**
“Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No [Go to next section]</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know / not sure [Go to next section]</td>
</tr>
<tr>
<td>9</td>
<td>Refused [Go to next section]</td>
</tr>
</tbody>
</table>

**C10.2** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? [ECIGNOW]

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

**Do not read:**
<p>| | |</p>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**SKIP Note:**
If [ECIGARET] (C10.1) = 1 & [QSTVER] = 12 or 22 (Part B); go to State-Added Module 14: Electronic Cigarettes (E-Cigarettes) Reason for Initiating. Otherwise, continue to next section.
Section 11: Alcohol Consumption

C11.1 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]

C11.2 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

C11.3 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

C11.4 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 12: Fruits and Vegetables

**Interviewer Note:**
Do not enter “Times Per Day” unless the respondent reports that he/she consumed a food item each day during the past month.

**If a respondent indicates that they consumed a food item everyday;** then enter the number of “Times Per Day”.

**If a respondent indicates that they consumed a food less than daily;** then enter the number of “Times Per Week” or “Times Per Month”.

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

C12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

**Interviewer Note:**
Enter quantity in times per day, week, or month.

**Interviewer Instruction:**
If Respondent gives a number without a time frame; ask:
“Was that per day, week or month?”

If Respondent asks what to include or says “I don’t know”; read:
“Include fresh, frozen or canned fruit. Do not included dried fruit.”

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1_ _</td>
<td>Days</td>
</tr>
<tr>
<td>2_ _</td>
<td>Weeks</td>
</tr>
<tr>
<td>3_ _</td>
<td>Months</td>
</tr>
<tr>
<td>300</td>
<td>Less than once a month</td>
</tr>
<tr>
<td>555</td>
<td>Never</td>
</tr>
<tr>
<td>777</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>999</td>
<td>Refused</td>
</tr>
</tbody>
</table>
C12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

[FRUITJU2]

**Interviewer Note:**
Enter quantity in times per day, week, or month.

**Interviewer Instruction:**
*If Respondent gives a number without a time frame; ask:*
“Was that per day, week or month?”

*If Respondent asks about examples of fruit-flavored drinks; read:*
“Do not include fruit-flavored drinks with added sugar like cranberry cocktail, HI-C, lemonade, Kool-Aid, Gatorade, Tampico and Sunny Delight. Include only 100% pure juices or 100% juice blends.”

| 1  | Days |
| 2  | Weeks |
| 3  | Months |
| 300 | Less than once a month |
| 555 | Never |
| 777 | Don’t Know |
| 999 | Refused |
C12.3  How often did you eat a green leafy or lettuce salad, with or without other vegetables?  \[FVGREEN1\]

**Interviewer Note:**
Enter quantity in times per day, week, or month.

**Interviewer Instruction:**
If Respondent gives a number without a time frame; ask:
“Was that per day, week or month?”

If Respondent asks about spinach; read: “Include spinach salads.”

1 _ _  Days
2 _ _  Weeks
3 _ _  Months
300  Less than once a month
555  Never
777  Don’t Know
999  Refused

C12.4  How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?  \[FRENCHF1\]

**Interviewer Note:**
Enter quantity in times per day, week, or month.

**Interviewer Instruction:**
If Respondent gives a number without a time frame; ask:
“Was that per day, week or month?”

If Respondent asks about potato chips; read: “Do not include potato chips.”

1 _ _  Days
2 _ _  Weeks
3 _ _  Months
300  Less than once a month
555  Never
777  Don’t Know
999  Refused
**C12.5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**Interviewer Note:**
Enter quantity in times per day, week, or month.

**Interviewer Instruction:**
If Respondent gives a number without a time frame; ask:
“Was that per day, week or month?”

If Respondent asks about what types of potatoes; read:
“Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

- 1_ _ Days
- 2_ _ Weeks
- 3_ _ Months
- 300 Less than once a month
- 555 Never
- 777 Don’t Know
- 999 Refused
C12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?  

Interviewer Note:
Enter quantity in times per day, week, or month.

Interviewer Instruction:
If Respondent gives a number without a time frame; ask:
“Was that per day, week or month?”

If Respondent asks what to include; read:
“Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens and broccoli. Include raw, cooked, canned or frozen vegetables. Do not include rice.”

1_ _ Days
2_ _ Weeks
3_ _ Months

300 Less than once a month
555 Never
777 Don’t Know
999 Refused

Section 13: Exercise (Physical Activity)

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

C13.1 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?  

Interviewer Note:
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.

1 Yes
2 No [Go to C13.8]
7 Don’t know / Not sure [Go to C13.8]
9 Refused [Go to C13.8]
C13.2 What type of physical activity or exercise did you spend the most time doing during the past month?

[EXTRACT11]

Interviewer Note:
If the respondent’s activity is not included in the physical activity coding list, choose the option listed as 98 “Other”.

_ _ See Physical Activity Coding List (Specify)
77 Don’t know / Not Sure [Go to C13.8]
99 Refused [Go to C13.8]

C13.3 How many times per week or per month did you take part in this activity during the past month?

[EXEROF1]

1_ _ Times per week
2_ _ Times per month
777 Don’t know / Not sure
999 Refused

C13.4 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
C13.5 What other type of physical activity gave you the next most exercise during the past month? [EXRACT21]

Interviewer Note:
If the respondent’s activity is not included in the physical activity coding list, choose the option listed as 98 “Other”.

_ _  See Physical Activity Coding List (Specify)
88  No other activity  [Go to C13.8]
77  Don’t know / Not Sure  [Go to C13.8]
99  Refused  [Go to C13.8]

C13.6 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

C13.7 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

C13.8 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
777  Don’t know / Not sure
999  Refused
Section 14: Seatbelt Use

C14.1 How often do you use seat belts when you drive or ride in a car? Would you say…?

Please read [1-5]:

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 15: 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™.

C15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read only 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 C15.3]

7. Don’t know / Not sure [Go to C15.3]
9. Refused [Go to C15.3]

C15.2 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?

_ _ / _ _ _ _ Month / Year

77 / 7777 Don’t know / Not sure
99 / 9999 Refused
C15.3 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

SKIP Note:
If AGE (C8.2) < 50 years old; go to next section. Otherwise, continue.

C15.4 Have you ever had the shingles or zoster vaccine? [SHINGLE2]

Interviewer Instruction:
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 16: 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.

C16.1 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 C16.3]
7 Don’t know / Not sure [Go to C16.3]
9 Refused [Go to C16.3]
C16.2 Not including blood donations, in what month and year was your last HIV test? \[HIVTSTD3\]

**Interviewer Instructions:**
If response is before January 1985; code 77 “Don’t know”.

**Interviewer Instructions:**
If the respondent remembers the year, but cannot remember the month; code the first two digits as “77” and the last four digits for the year given.

_ _ /_ _ _ _  Code month and year

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

C16.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. \[HIVRISK5\]

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

1  Yes
2  No
7  Don’t know / Not sure
9  Refused
NOTE:
The following CDC Optional Modules and State-Added Modules will be asked of every respondent.

CDC Optional Module 28: Random Child Selection

SKIP Note:
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

CATI NOTE:
If Section 8: Demographics CHILDREN (C8.16) = 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 RCSBIRTH (M28.1).

CATI NOTE:
If Section 8: Demographics CHILDREN (C8.16) > 1. The system will randomly select one of the children in the household. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.
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.”
“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 the following questions about children will be about children will be about the “Xth” [CATI Note: Fill in number] child.
Go to RCSBIRTH (M28.1).

M28.1 What is the birth month and year of the “Xth” child?  
[RC SBIRTH]  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _ / _ _ _ _</td>
<td>Code month and year</td>
</tr>
<tr>
<td>77/ 7777</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99/9999</td>
<td>Refused</td>
</tr>
</tbody>
</table>
CATI NOTE:
System will 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 date 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).

M28.2 Is the child a boy or a girl?  [RCSGENDR]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Boy</td>
</tr>
<tr>
<td>2</td>
<td>Girl</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

M28.3 Is the child Hispanic, Latino/a, or Spanish origin?  [RCHISLA1]

INTERVIEWER NOTE:
One or more categories may be selected.

If “yes”; ask:
“Are you: Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban or another Hispanic; Latino/a OR Spanish origin?”

If “no”:
Code as 5 “No”.

[Mark all that apply]

Please read [1-4]:

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
M28.4 Which one or more of the following would you say is the race of the child? [RCSRACE1]

**Interviewer Note:**
One or more categories may be selected.

**INTERVIEWER NOTE:**
If 40 (Asian) or 50 (Pacific Islander) is selected; read and code subcategories underneath major heading.

[Mark 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

**SKIP Note:**
If more than one race response selected for RCSRACE1 (M28.4); continue. Otherwise, go to RCSRLTN2 (M28.6).
M28.5  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.

INTERVIEWER NOTE:
If respondent has selected multiple races in previous and refuses to select a single race; code 99 “REFUSED.”

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
77  Don’t know / Not sure
99  Refused
M28.6  How are you related to the child?  

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 Optional Module 29: Childhood Asthma Prevalence

SKIP Note:
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99; go to next module.
Otherwise, continue.

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

M29.1  Has a doctor, nurse or other health professional EVER said that the child has asthma?  

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

M29.2  Does the child still have asthma?

1  Yes
2  No

7  Don’t know / Not sure
9  Refused
State-Added Module 3: Asthma Call Back Survey Information

SKIP Note:
If Section 6: Chronic Health Conditions ASTHMA3 (C6.4) = 1 OR
CDC Optional Module 29: Childhood Asthma Prevalence CASTHDX2 (M29.1) = 1 & CDC Optional Module 28: Random Child Selection RCSRLTN2 (M28.6) = 1 or 3; continue.
Otherwise, set ADLTCHLD = 0 & go to next module.

SKIP Note:
If ADULT (ADLTCHLD = 1) was selected to participate, continue.
Otherwise, if CHILD (ADLTCHLD = 2) was selected to participate, go 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

SKIP Note:
If CALLBACK (SA3.1) = 1, continue.
Otherwise, 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

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

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

**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?  
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?  
_____________ 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
3. Don’t know/Not sure
4. 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

---

**CDC Optional Module 16: Preconception Health/Family Planning**

**SKIP Note:**  
If SEX (C8.1) = 2 & [AGE (C8.2) > 17 & AGE (C8.2) < 50 years old] & PREGNANT (C8.21) > 1; continue. Otherwise, go to next module.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**M16.1**  Did you or your partner do anything the last time you had sex to keep you from getting pregnant?  

[PFPPRVN2]

1. Yes
2. No [Go to M16.3]
3. No partner/not sexually active [Go to next module]
4. Same sex partner [Go to next module]
5. Has had a Hysterectomy [Go to next module]
6. Don’t know/Not sure [Go to M16.3]
7. Refused [Go to M16.3]
M16.2 What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE:
If respondent reports using more than one method, please code the method that occurs first on the list.

Interviewer Instruction:
If respondent reports using “condoms”; ask: “Female Condoms” or “Male Condoms”?

Interviewer Instruction:
If respondent reports using “IUD”; ask: “Levonorgestrel IUD” or “Copper-bearing IUD”?

Interviewer Instruction:
If respondent reports using “other method”; ask: “Please be specific.”
Ensure that their response does not fit into another category. If it does, please mark it appropriately.

Read only if necessary:
01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
02 Male sterilization (vasectomy)
03 Contraceptive implant (ex. Implanon)
04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)
05 Copper-bearing IUD (ex. ParaGard)
06 IUD, type unknown
07 Shots (ex. Depo-Provera)
08 Birth control pills, any kind
09 Contraceptive patch (ex. Ortho Evra)
10 Contraceptive ring (ex. NuvaRing)
11 Male condoms
12 Diaphragm, cervical cap, sponge
13 Female condoms
14 Not having sex at certain times (rhythm or natural family planning)
15 Withdrawal (or pulling out)
16 Foam, jelly, film, or cream
17 Emergency contraception (morning after pill)
18 Other method

Do not read:
77 Don’t know/Not sure
99 Refused

SKIP Note:
If TYPECNTR7 (M16.2) = 77 or 99; continue.
Otherwise, go to next module.
Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

M16.3  What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? [NOBCUSE6]

Interviewer Instruction:
If respondent reports using “other method”; ask:
“Please be specific.”
Ensure that their response does not fit into another category. If it does, please mark it appropriately.

Read only if necessary:
01  You didn’t think you were going to have sex/no regular partner
02  You just didn’t think about it
03  Don’t care if you get pregnant
04  You want a pregnancy
05  You or your partner don’t want to use birth control
06  You or your partner don’t like birth control/side effects
07  You couldn’t pay for birth control
08  You had a problem getting birth control when you needed
09  Religious reasons
10  Lapse in use of a method
11  Don’t think you or your partner can get pregnant (infertile or too old)
12  You had tubes tied (sterilization)
13  You had a hysterectomy
14  Your partner had a vasectomy (sterilization)
15  You are currently breast-feeding
16  You just had a baby/postpartum
17  You are pregnant now
18  Same sex partner
19  Other reasons

77  Don’t know/Not sure
99  Refused
NOTE: FROM THIS POINT FORWARD,

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

Part A

CDC Optional Module 9: Sleep Disorder

M9.1 On average, how many hours of sleep do you get in a 24-hour period? [SLEPTIM1]

       Interviewer Instruction:
       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

M9.2 Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? [ADSLEEP]

_ _ 01-14 days

88  None

77  Don’t know/Not sure
99  Refused

M9.3 Over the last 2 weeks, how many days did you unintentionally fall asleep during the day? [SLEPDAY1]

_ _ 01-14 days

88  None

77  Don’t know/Not sure
99  Refused
M9.4 Have you ever been told that you snore loudly?  

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

M9.5 Has anyone ever observed that you stop breathing during your sleep?  

**Interviewer Note:**  
If respondent mentions having a machine or CPAP that records that breathing sometimes stops during the night; enter 1 “Yes”.  

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

**CDC Optional Module 3: Respiratory Health (COPD Symptoms)**  
The next few questions are about breathing problems you may have.  

M3.1 During the past 3 months, did you have a cough on most days?  

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

M3.2 During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?  

1  Yes  
2  No  
7  Don’t know / Not sure  
9  Refused
M3.3 Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?

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

M3.4 Have you ever been given a breathing test to diagnose breathing problems?

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

M3.5 Over your lifetime, how many years have you smoked tobacco products?

_ _   Number of years (01-76)
88   Never smoked or smoked less than one year
77   Don’t know / Not sure
99   Refused

CDC Optional Module 11: Alcohol Screening & Brief Intervention (ASBI)

CATI NOTE:
If Section 3: Health Care Access CHECKUP1 (C3.4) = 1 or 2; 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.

M11.1 You told me earlier that your last routine checkup was
[CATI Note: Fill with C3.4 = 1: “within the past year” or C3.4 = 2: “within the past 2 years”]. At that checkup, were you asked in person or on a form if you drink alcohol?

1   Yes
2   No
7   Don't know / Not sure
9   Refused
M11.2 Did the health care provider ask you in person or on a form how much you drink?  

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

M11.3 Did the healthcare provider specifically ask whether you drank [CATI Note: Fill with “5” for men or “4” for women] or more alcoholic drinks on an occasion? 

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

M11.4 Were you offered advice about what level of drinking is harmful or risky for your health? 

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

CATI NOTE:
If ASBIALCH (M11.1) = 1 or ASBIDRKNK (M11.2) = 1 or ASBIBING (M11.3) = 1; continue. Otherwise, go to next module.

M11.5 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? 

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
### State-Added Module 4: Oral Health (CDC Even Years Rotating Core Section Oral Health Q1)

**SA4.1** 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]

<table>
<thead>
<tr>
<th>Read only if necessary:</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the past year (anytime less than 12 months ago)</td>
</tr>
<tr>
<td>2</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>3</td>
<td>Within the past 5 years (2 years but less than 5 years ago)</td>
</tr>
<tr>
<td>4</td>
<td>5 or more years ago</td>
</tr>
</tbody>
</table>

**Do not read:**  
7 Don’t know / Not sure  
8 Never  
9 Refused

### State-Added Module 5: Oral Health

**SA5.1** 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 SA5.3]

7 Don’t know/Not sure [Go to SA5.3]  
9 Refused [Go to SA5.3]
SA5.2 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: ______________) [NODNTLRSON]

77 Don’t know / Not sure
99 Refused

SA5.3 In the last 12 months, have you been to a hospital emergency department for relief of dental pain or pain in your mouth not related to injury? [ERDNTLPAIN]

Interviewer Instruction:
If respondent asks what dental pain or pain in your mouth is, please say:
“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
CDC Optional Module 6: Arthritis Management

CATI NOTE:
If Section 6: Chronic Health Conditions HAVARTH3 (C6.9) = 1; continue. Otherwise, go to next module.

M6.1 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?

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

M6.2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

1  Yes
2  No

7  Don’t know / Not sure
9  Refused

M6.3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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
M6.4  Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?  

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

**CDC Optional Module 21: Caregiving**

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

M21.1  During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?  

[Interviewer Instructions: If caregiving recipient has died in the past 30 days, please say: “I’m so sorry to hear of your loss.” Code 8.]

1  Yes  
2  No [Go to M21.9]  
7  Don’t know/Not sure [Go to M21.9]  
8  Caregiving recipient died in past 30 days [Go to next module]  
9  Refused [Go to M21.9]
M21.2  What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

[Interviewer Instructions:
If more than one person, ask:
“Please refer to the person to whom you are giving the most care.”

Do not read:
01  Mother
02  Father
03  Mother-in-law
04  Father-in-law
05  Child
06  Husband
07  Wife
08  Same-sex partner
09  Brother or brother-in-law
10  Sister or sister-in-law
11  Grandmother
12  Grandfather
13  Grandchild
14  Other relative
15  Non-relative/Family friend
16  Unmarried partner
77  Don’t know/Not sure
99  Refused

M21.3  For how long have you provided care for that person? Would you say…?

[Please read:
1  Less than 30 days
2  1 month to less than 6 months
3  6 months to less than 2 years
4  2 years to less than 5 years
5  5 years or more

Do not read:
7  Don’t Know/ Not Sure
9  Refused]
M21.4 In an average week, how many hours do you provide care or assistance? Would you say…?  [CRGVHRS1]

Please read:
1 Up to 8 hours per week
2 09 to 19 hours per week
3 20 to 39 hours per week
4 40 hours or more

Do not read:
7 Don’t know/Not sure
9 Refused

M21.5 What is the main health problem, long-term illness, or disability that the person you care for has?

[CRGVPRB2]

Interviewer Instruction:
If necessary, read;
“Please tell me which one of these conditions would you say is the major problem?”

Do NOT read (RECORD ONE RESPONSE):
1 Arthritis/Rheumatism
2 Asthma
3 Cancer
4 Chronic respiratory conditions such as Emphysema or COPD
5 Dementia and other Cognitive Impairment Disorders such as Alzheimer’s disease
6 Developmental Disabilities such as Autism, Down’s Syndrome, and Spina Bifida
7 Diabetes
8 Heart Disease, Hypertension
9 Human Immunodeficiency Virus Infection (HIV)
10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
11 Other organ failure or diseases such as kidney or liver problems
12 Substance Abuse or Addiction Disorders
13 Injuries, including broken bones
14 Old age/infirmity/frailty
15 Other

77 Don’t know/Not sure
99 Refused
M21.6 In the past 30 days, did you provide care for this person by…?

...Managing personal care such as giving medications, feeding, dressing, or bathing? [CRGVPERS]

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

M21.7 In the past 30 days, did you provide care for this person by…?

...Managing household tasks such as cleaning, managing money, or preparing meals? [CRGVHOUS]

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

M21.8 Of the following support services, which one do you most need, that you are not currently getting? [CRGVMST2]

Interviewing Instructions:
If respondent asks what respite care is; read:
“Respite care means short-term breaks for people who provide care.”

Please read [1 – 6]:
1 Classes about giving care, such as giving medications
2 Help in getting access to services
3 Support groups
4 Individual counseling to help cope with giving care
5 Respite care
6 You don’t need any of these support services

Do not read:
7 Don’t Know /Not Sure
9 Refused

SKIP Note:
If CAREGIV1 (M21.1) = 1 or 8; go to next module.
Otherwise, continue.
M21.9 In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?  

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


SA6.1 How often in the past 12 months did you buy fruits or vegetables from a farmers’ market?  

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

State-Added Module 7: Adult Active Transportation

SA7.1 During the past 30 days, for about how many days did you walk or bike to get some place such as work, school, church, a store, the bus stop or a restaurant?  

_ _ Number of Days [Range: 1 - 30]  
88 No days  
77 Don’t know/Not sure  
99 Refused
State-Added Module 8: Child Active Transportation

SKIP Note:
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

SKIP Note:
If CDC Optional Module 22: Random Child Selection child’s age is between 5 and 17 years (CHLDAGE => 60); continue.
Otherwise, go to next module.

SKIP Note:
If CDC Optional Module 22: Random Child Selection child’s age is = 777777 (Don’t know/Not sure) or 999999 (Refused) (CHLDAGE = 777777 or 999999); go to next module.
Otherwise, continue.

I have some additional questions about the “Xth” [Fill: selected child number] child. All the following questions about children will be about the “Xth” [Fill: selected child number] child.

SA8.1 In an average school-week, on how many days does the child walk or ride a bike TO school when weather allows [Fill: him/her] to do so? [CHACTTRNTO]

_ Number of Days [Range: 1 - 5]

8 No days
7 Don’t know/Not sure
9 Refused

SA8.2 In an average school-week, on how many days does the child walk or ride a bike FROM school when weather allows [Fill: him/her] to do so? [CHACTTRNFLM]

_ Number of Days [Range: 1 - 5]

8 No days
7 Don’t know/Not sure
9 Refused
State-Added Module 9: Childhood Influenza (Flu) Immunization

SKIP Note:
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

SKIP Note:
If CDC Optional Module 22: Random Child Selection child’s age is ≥ 6 months (CHLDAGE => 6); continue. Otherwise, go to next module.

SA9.1 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 [Fill: he/she] had a seasonal flu vaccination?

1 Yes
2 No [Go to Q3]
7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]

SA9.2 During what month and year did [Fill: he/she] receive [Fill: 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.

_ _ / _ _ _ _ Month / Year

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

SKIP Note:
Go to next module.
SA9.3 What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season?

*INTERVIEWER NOTE: Select ONE category that “best” matches.*

**Do not read answer choices below:**

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 :_____________)  
15 Have not got around to it/didn’t get it
16 Parent does not believe/approve or is against flu shots
17 Age is too young
18 Decision left to child who refused

77 Don’t know/Not sure *(Probe: “What was the **main** reason?”)*

99 Refused
State-Added Module 10: Adolescent Meningococcal Immunization

**SKIP Note:**
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

**SKIP Note:**
If CDC Optional Module 22: Random Child Selection child’s age is between 11 and 17 years (CHLDAGE => 132); continue. Otherwise, go to next module.

**SA10.1** A vaccine to prevent some types of meningitis caused by bacteria is available. Has this child ever received the meningococcal vaccination? [MENCALVAC1]

1. Yes
2. No [Go to Q3]
7. Don’t know / Not sure [Go to next module]
9. Refused [Go to next module]

**SA10.2** How many meningococcal shots did [Fill: he/she] receive? [MENSHOT]

_ _ Number of shots

03 All shots
77 Don’t know / Not sure
99 Refused

**SKIP Note:**
Go to next module.
What is the MAIN reason [Fill: he/she] has not received the meningococcal vaccination? 

**INTERVIEWER NOTE:** Select ONE category that “best” matches.

**Do not read answer choices below:**

01 Child does not need it
02 Doctor did not recommend it
03 Did not know that child should be vaccinated
04 Side effects
05 Does not work
06 Plan to get child vaccinated later
07 Vaccination costs too much
08 Inconvenient to get vaccinated
09 Saving vaccine for people who need it more
10 Tried to find vaccine, but could not get it
11 Not eligible to receive vaccine
12 Not required for school
13 Other (specify :_________) 
14 Have not got around to it/didn’t get it
15 Parent does not believe/approve or is against Meningococcal shots
16 Age is too young
17 Decision left to child who refused

77 Don’t know/Not sure (Probe: “What was the main reason?”)
99 Refused
State-Added Module 11: Adolescent Tetanus-Diphtheria-Pertussis (TDap) Immunization

Skip Note:
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

Skip Note:
If CDC Optional Module 22: Random Child Selection child’s age is between 11 and 17 years (CHLDAGE => 132); continue. Otherwise, go to next module.

Skip Note:
If CDC Optional Module 22: Random Child Selection child’s age is = 777777 (Don’t know/Not sure) or 999999 (Refused) (CHLDAGE = 777777 or 999999); go to next module. Otherwise, continue.

The tetanus booster shot we’re asking about is different from the Dtap, DT or DTP shots, which children usually receive for the age of six. This tetanus booster is required for school entry for 7th & 8th grade students and is called Tdap.

SA11.1 In the last 10 years has your child received a tetanus shot? [CHTNSARCV1]

1 Yes
2 No [Go to Q3]
7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]

SA11.2 Was this tetanus shot Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? [CHTNSASHT2]

1 Yes, received Tdap
2 Yes, received the tetanus shot, but not Tdap
3 Yes, received tetanus shot, but not sure what type
4 No
7 Don’t know / Not sure
9 Refused

Skip Note:
Go to next module
SA11.3 What is the MAIN reason [Fill: he/she] has not received the tetanus, diphtheria, pertussis vaccination? 

INTERVIEWER NOTE: Select ONE category that “best” matches.

Do not read answer choices below:
01 Child does not need it
02 Doctor did not recommend it
03 Did not know that child should be vaccinated
04 Side effects
05 Does not work
06 Plan to get child vaccinated later
07 Vaccination costs too much
08 Inconvenient to get vaccinated
09 Saving vaccine for people who need it more
10 Tried to find vaccine, but could not get it
11 Not eligible to receive vaccine
12 Other (specify: ________) 
13 Parent does not believe/approve or is against TDap shots
14 Age is too young

77 Don’t know/Not sure (Probe: “What was the main reason?”)
99 Refused
State-Added Module 12: Adolescent Human Papilloma Virus (HPV) Immunization

SKIP Note:
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

SKIP Note:
If CDC Optional Module 22: Random Child Selection child’s age is between 9 and 17 years (CHLDAGE => 108); continue.
Otherwise, go to next module.

SKIP Note:
If CDC Optional Module 22: Random Child Selection child’s age is = 777777 (Don’t know/Not sure) or 999999 (Refused) (CHLDAGE = 777777 or 999999); go to next module.
Otherwise, continue.

SA12.1 A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female; “GARDASIL or CERVARIX”; if male “or GARDASIL”]. Has this child EVER had an HPV vaccination? [HPVCHVC]

INTERVIEWER NOTE:
Pronunciation Keys:
Human Papilloma Virus (Human Pap·uh·loh·muh Virus)
Gardasil (Gar·duh· seel)
Cervarix (Serv a rix)

1  Yes
2  No [Go to SA12.3]
3  Doctor refused when asked [Go to next module]
7  Don’t know/Not sure [Go to next module]
9  Refused [Go to next module]
SA12.2 How many HPV shots did [Fill: he/she] receive?  

[HPVCHSHT]

_ _  Number of shots
03  All shots
77  Don’t know / Not sure
99  Refused

SKIP Note:  
Go to next module.

SA12.3 What is the MAIN reason [Fill: he/she] has not received the HPV vaccination?  

[CHNOHPV1]  

INTERVIEWER NOTE: Select ONE category that “best” matches.

Do not read answer choices below:
01  Child does not need it
02  Doctor did not recommend it
03  Child not sexually active
04  Did not know that child should be vaccinated
05  HPV is not that serious
06  Side effects
07  Does not work
08  Plan to get child vaccinated later
09  HPV 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  Not required for school
15  Other (specify : _________)  
16  Parent does not believe/approve or is against HPV shots
17  Age is too young
18  Do not trust vaccine
19  Needs more information about vaccine
20  Decision left to child who refused
77  Don’t know/Not sure (Probe: “What was the main reason?”)
99  Refused
State-Added Module 13: Opioid Use Disorder

CATI NOTE:
If (CHILDREN (C08.16) < 88 (have child/children) & CHLDAGE > 5 to < 216 months old); read:
“The rest of the following questions will be meant for you, not the child.”

The following questions concern information about your possible involvement with prescription narcotics during the past 12 months. We only want to know about prescription narcotics NOT medication that is available over the counter, such as aspirin, Tylenol, Ibuprofen, Advil, or Aleve. Examples of prescription narcotics that we ARE interested in include Vicodin, Hydrocodone, Lortab, Percocet, OxyContin, Oxycodone, Ultram, Tramadol, Tylenol with Codeine, Opana, and Dilaudid.

SA13.1 In the past year, has your doctor prescribed to you any prescription narcotics? [DOCPRENY]

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Yes, I’m taking prescription pain medication as part of a treatment program for opioid dependency [Go to next module]</td>
</tr>
<tr>
<td>3</td>
<td>No [Go to SA13.3]</td>
</tr>
<tr>
<td>7</td>
<td>Don’t Know/Not Sure [Go to SA13.3]</td>
</tr>
<tr>
<td>9</td>
<td>Refused [Go to SA13.3]</td>
</tr>
</tbody>
</table>

SA13.2 The last time you filled a prescription narcotic did you use any of your medication more frequently or in higher doses than directed by a doctor? [PRESHIGH]

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t Know/Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

SA13.3 In the past year, did you use any prescription narcotics that were NOT prescribed specifically to you by a doctor? We only want to know about prescription narcotics NOT medication that is available over the counter. [NOTRXDRGUSE1]

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<tbody>
<tr>
<td>1</td>
<td>Yes, I took it to relieve my pain</td>
</tr>
<tr>
<td>2</td>
<td>Yes, I took it for the feeling or experience it caused</td>
</tr>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t Know/Not Sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
SKIP Note:
If NOTRXDURGUSE1 (SA13.3) = 1 or 2; continue.
If NOTRXDURGUSE1 (SA13.3) = 3, 7 or 9 & PRESHIGH (SA13.2) = 1; continue.
Otherwise, go to next module.

SA13.4 I am going to read you a list of situations about your use of prescription narcotics in the past 12 months. When I am done, please tell me how many of the situations apply to you. You do not need to tell me which ones.

In the past 12 months have you ever…?

- Wanted to cut down or quit taking prescription narcotics.
- Felt sick after you stopped taking it.
- Continued using in spite of physical, emotional, or social problems caused by your use of prescription narcotics.

1  One
2  Two or more  [Go to next module]
3  None
7  Don’t know / Not Sure
9  Refused

SA13.5 (I am going t read you a list. When I am done, please tell me how many of the situations apply to you. You do not need to tell me which ones.)

In the past 12 months have you ever…?

- Had to increase the amount of prescription narcotics used to get the same effect
- Taken more than intended
- Experienced a strong urge to take it

1  One
2  Two or more  [Go to next module]
3  None
7  Don’t know / Not Sure
9  Refused

CATI NOTE:
If PRESNINC (SA13.5) = 1 & PRESNDEC (SA13.4) = 1; go to next module.
Otherwise; continue.
SA13.6  (I am going to read you a list. When I am done, please tell me how many of the situations apply to you. You do not need to tell me which ones.)

In the past 12 months have you ever…?

   • Spent lots of time taking, obtaining, or recovering from taking prescription narcotics
   • Given up important activities due to continued use
   • Recurrently used prescription narcotics in physically hazardous situations
   • Failed to fulfill major role obligations due to prescription narcotic use

1  One
2  Two or more
3  None
7  Don’t know / Not Sure
9  Refused
The addition of interviewer instruction and the reading of explanation of “unlocked” in Q3 of this CDC Module has been approved by CDC, Carol P.

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

**Interviewer Instruction:**
If the respondent asks, “Why we need to know?”, “What does this have to do to with health?”, “That’s nobody’s business.” or anything similar; please read:
“We ask these questions to understand the need for public health education for the safe storage of firearms and prevention of accidental injuries in Kansas.”

**M27.1 Are any firearms now kept in or around your home?**

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

**M27.2 Are any of these firearms now loaded?**

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

**M27.3 Are any of these loaded firearms also unlocked?**

By 'unlocked' we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

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

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.

Part B

CDC Optional Module 2: Diabetes (Asked in Core)

(Per CDC instructions, this module is asked after the Core Section 6: Chorionic Health Conditions.)

SKIP Note:
If Section 6: Chronic Health Conditions DIABETE3 (C6.12) = 1 & QSTVER = 12 or 22 (Part B); continue. Otherwise, go to next module.

M2.1 Are you now taking insulin? [INSULIN]

1 Yes
2 No
9 Refused

M2.2 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]

Interviewer Note:
Enter quantity per day, week, or month.

Interviewer Instructions:
If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously); fill in “98” time per day (198).

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
M2.3  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]

**Interviewer Note:**
Enter quantity per day, week, or month.

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

M2.4  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

M2.5  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 FEETCHK2 (M2.3) = 555 (no feet); go to M2.7.
M2.6 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]

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

88  None

77  Don’t know / Not sure

99  Refused

M2.7 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

M2.8 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

M2.9 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
State-Added Module 14: Electronic Cigarettes (E-Cigarette) Reason for Initiating (*Askg in Core*)

(\textit{The insertion of this question into the CDC Core Section has been approved by CDC, Carol P.})

\textbf{SKIP Note:}
If Section 10: E-Cigarettes ECIGARET (C10.1) = 1 \& QSTVER = 12 or 22 (Part B), continue. Otherwise, go to Section 11: Alcohol Consumption.

\textbf{SA14.1} I am going to read you a list. Please let me read all the answer choices before giving me your answer. When I am done, please tell me what was the main reason you tried e-cigarettes? \[ECIGREIN\]

\textbf{CATI INSTRUCTION:}
If Section 9: Tobacco Use SMOKE100 (C9.1) = 1 or USENOW3 (C9.5) = 1, and the respondent indicates they thought it would be safer than trying cigarettes or other tobacco products; ask: "Were you trying to CUP BACK on smoking cigarettes or other tobacco products?"

If “yes”, code as 04. If “no”, ask:
"Were you trying to QUIT smoking cigarettes or other tobacco products?"

If “yes”, code as 05. If “no”, ask:
"Which choice is the MAIN reason you tried e-cigarettes?"

\textbf{Interviewer Instruction:}
If respondent selects more than one reason; ask:
"Which choice is the MAIN reason you tried e-cigarettes?"

\textbf{Please read:}
01 Because I was curious to try something new
02 I thought it would be safer than trying cigarettes or other tobacco products
03 As part of a social activity, for fun or someone invited me to try
04 I wanted to cut back on cigarettes or other tobacco products
05 I wanted to quit cigarettes and/or other tobacco products
06 To use indoors or in other places where smoking is not allowed
07 Its cheaper (less expensive) than cigarettes or other tobacco products
08 Other (\textit{specify : __________}) \[ECIGINOT\]

\textbf{Do not read:}
77 Don’t know / Not Sure
99 Refuse

\textbf{CATI NOTE:}
Return to Section 11: Alcohol Consumption.
State-Added Module 15: Diabetes Risk Assessment

SA15.1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related only by marriage.  

[Mark all that apply]

Please read:  
1  Mother  [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

SKIP Note:  
If SEX (C8.1) = 2; continue. Otherwise, go to next module.

SA15.2 Have you had a baby weighing more than 9 pounds at birth?  

1  Yes
2  No
7  Don’t know/Not sure
9  Refused
State-Added Module 16: Self-Monitoring Blood Pressure Monitoring

CATI NOTE:
If Section 4: Hypertension Awareness BPHIGH4 (C4.1) = 1 or 4; continue.
Otherwise, got to next module.

SA16.1 Do you measure your blood pressure at home? \[BPHOME\]

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

SA16.2 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

SA16.3 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
SA16.4  Do you regularly transmit, via e-mail, Internet, phone or fax, blood pressure readings to a health care provider for feedback?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Don’t know/Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

State-Added Module 17: Sun Safety Behavior

SA17.1  When you go outside on a sunny day for more than one hour, how often do you use sunscreen or sun-block? Would you say…?  

**Read:**  
1  Always  
2  Nearly always  
3  Sometimes  
4  Seldom  
5  Never  

**Do not read:**  
6  Don’t stay out more than an hour  
7  Don’t know/Not Sure  
9  Refused

State-Added Module 18: Tanning Bed/Sun Lamp Use - Adults

SA18.1  Thinking about the last 12 months; on how many days did you use a tanning bed or sun lamp?  

_ _ _  Number of days [Max. 364]  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>888</td>
<td>None</td>
</tr>
<tr>
<td>777</td>
<td>Don’t know/Not Sure</td>
</tr>
<tr>
<td>999</td>
<td>Refused</td>
</tr>
</tbody>
</table>
State-Added Module 19: Preventive Counseling – Skin Cancer – Child Tanning Bed/Sun Lamp Use

SKIP Note:  
If Section 8: Demographics CHILDREN (C8.16) = 88 or 99, go to next module.

SKIP Note:  
If CDC Optional Module 22: Random Child Selection child’s age is between 5 and 17 years (CHLDAGE => 60); continue.  
Otherwise, go to next module.

SKIP Note:  
If CDC Optional Module 22: Random Child Selection child’s age is = 777777 (Don’t know/Not sure) or 999999 (Refused) (CHLDAGE = 777777 or 999999); go to next module.  
Otherwise, continue.

I have one additional question about the “Xth” [CATI Note: Fill selected number] child.

SA19.1 Thinking about the last 12 months; on how many days did [Fill: he/she] use a tanning bed or sun lamp?

_ _ _ Number of days [Max. 364]

888 None

777 Don’t know/Not Sure

999 Refused
CDC Optional Module 20: Lung Cancer Screening

**SKIP Note:**
If Section 9: Tobacco Use SMOKE100 (C9.1) = 1 & SMOKDAY2 (C9.2) = 1, 2 or 3; continue. Otherwise, go to M20.4.

You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

**M20.1** How old were you when you first started to smoke cigarettes regularly? [LCSFIRST]

**Interviewer Note:**
“Regularly” is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

_ _ _  Age in Years (001-100)
888  Never smoked cigarettes regularly [Go to M20.4]
777  Don't know/Not sure
999  Refused

**CATI I NOTE:**
If respondent indicates age inconsistent with previously entered age the respondent indicated their age to be ___ years old. You indicated they started smoking regularly at the age of ___ years. Please verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

**M20.2** How old were you when you last smoked cigarettes regularly? [LCSLAST]

**INTERVIEWER NOTE:**
“Regularly” is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

_ _ _  Age in Years
777  Don't know/Not sure
999  Refused
M20.3 On average, when you [CATI Note: Fill with “smoke” or “smoked”] regularly, about how many cigarettes [CATI Note: Fill with “do” or “did”] you usually smoke each day? \[LCSNUMCG\]

INTERVIEWER NOTE:
“Regularly” is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE:
Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

<table>
<thead>
<tr>
<th>Packs</th>
<th>Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 PACK</td>
<td>10 CIGARETTES</td>
</tr>
<tr>
<td>0.75 PACK</td>
<td>15 CIGARETTES</td>
</tr>
<tr>
<td>1.00 PACK</td>
<td>20 CIGARETTES</td>
</tr>
<tr>
<td>1.25 PACKS</td>
<td>25 CIGARETTES</td>
</tr>
<tr>
<td>1.50 PACKS</td>
<td>30 CIGARETTES</td>
</tr>
<tr>
<td>1.75 PACKS</td>
<td>35 CIGARETTES</td>
</tr>
<tr>
<td>2.00 PACKS</td>
<td>40 CIGARETTES</td>
</tr>
<tr>
<td>2.50 PACKS</td>
<td>50 CIGARETTES</td>
</tr>
<tr>
<td>3.00 PACKS</td>
<td>60 CIGARETTES</td>
</tr>
</tbody>
</table>

_ _ _ Number of cigarettes
777 Don't know/Not sure
999 Refused

M20.4 The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan? \[LCSCTSCN\]

Read:
1 Yes, to check for lung cancer
2 No (did not have a CT scan)
3 Yes, had a CT scan, but for some other reason

Do not read:
7 Don't know/not sure
9 Refused
State-Added Module 20: Lung Cancer Screening

SKIP Note:
If CDC Optional Module 20: Lung Cancer Screening LCSCTSCN (M20.4) = 2, 3, 7 or 9; continue. Otherwise, go to next module.

SA20.1 In the last 12 months, has a doctor, nurse or other health professional recommended that you have a CT or CAT scan? [DOCRECCAT]

Read:
1 Yes, to check for lung cancer
2 Yes, had a CT scan, but for some other reason
3 No, did not recommend a CT or CAT scan

Do not read:
7 Don’t know/Not sure
9 Refused

CDC Optional Module 12: Cancer Survivorship

SKIP Note:
If Section 6: Chronic Health Conditions CHCSCNCR (C6.6) = 1 or CHCOCNCR (C6.7) = 1; continue. Otherwise, go to next module.

You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.

M12.1 How many different types of cancer have you had? [CNCRDIFF]

Do not read:
1 Only one
2 Two
3 Three or more

7 Don’t know / Not sure [Go to next module]
9 Refused [Go to next module]
M12.2 If M12.1 = 2 (Two) or 3 (Three or more); ask:
“At what age were you first diagnosed with cancer?”  
[CNCRAGE]

If M12.1 = 1 (One); ask:
“At what age were you told that you had cancer?”

Interviewer Note:
This question refers to the first time they were told about their first cancer.

_ _ Code age in years [97 = 97 and older]
98 Don’t know / Not sure
99 Refused

M12.3 If M12.1 = 1 (One) and CHCSNCR (C6.6) = 1 (Yes); ask:
“Was it “melanoma” or “other skin cancer”?
Code 21 for “melanoma” or Code 22 for “other skin cancer”.
[CNCRTYP1]

If M12.1 = 1 (One) and CHCSNCR (C6.6) > 1; ask:
“What type of cancer was it?

If M12.1 = 2 (Two) or 3 (Three or more); ask:
“With your most recent diagnosis of cancer, what type of cancer was it?”

Interviewer Note:
Please read list only if respondent needs prompting for cancer type (i.e., name of cancer).
Read only if necessary [1-30]:

Breast
01 Breast cancer

Female reproductive (Gynecologic)
02 Cervical cancer (cancer of the cervix)
03 Endometrial cancer (cancer of the uterus)
04 Ovarian cancer (cancer of the ovary)

Head/Neck
05 Head and neck cancer
06 Oral cancer
07 Pharyngeal (throat) cancer
08 Thyroid
09 Larynx

Gastrointestinal
10 Colon (intestine) cancer
11 Esophageal (esophagus)
12 Liver cancer
13 Pancreatic (pancreas) cancer
14 Rectal (rectum) cancer
15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)
16 Hodgkin's Lymphoma (Hodgkin’s disease)
17 Leukemia (blood) cancer
18 Non-Hodgkin’s Lymphoma

Male reproductive
19 Prostate cancer
20 Testicular cancer

Skin
21 Melanoma
22 Other skin cancer

Thoracic
23 Heart
24 Lung

Urinary cancer
25 Bladder cancer
26 Renal (kidney) cancer

Others
27 Bone
28 Brain
29 Neuroblastoma
30 Other

Do not read:
77 Don’t know / Not sure
99 Refused
M12.4  Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.  

[CSRVTRT2]

Read if necessary:
1    Yes
2    No, I’ve completed treatment  [Go to M12.5]
3    No, I’ve refused treatment
4    No, I haven’t started treatment
5    Treatment was not needed

Do not read:
7    Don’t know / Not sure
9    Refused

SKIP Note:
Otherwise, go to next module.

M12.5  What type of doctor provides the majority of your health care?  

[CSRVDOC1]

Interviewer Instruction:
If the respondent requests clarification of this question; say:
“We want to know which type of doctor you see most often for illness or regular health care (examples: annual exams and/or physicals, treatment of colds, etc.)”

Please read [1-10]:
01    Cancer Surgeon
02    Family Practitioner
03    General Surgeon
04    Gynecologic Oncologist
05    General Practitioner, Internist
06    Plastic Surgeon, Reconstructive Surgeon
07    Medical Oncologist
08    Radiation Oncologist
09    Urologist
10    Other

Do not read:
77    Don’t know / Not sure
99    Refused
M12.6 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?  

[CSRVSUM]

Interviewer Instruction:
If necessary; read:
“By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.”

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

M12.7 Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?  

[CSRVRTRN]

1 Yes
2 No [Go to M12.9]
7 Don’t know / Not sure [Go to M12.9]
9 Refused [Go to M12.9]

M12.8 Were these instructions written down or printed on paper for you?  

[CSRVINST]

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

M12.9 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?  

[CSRVINSR]

Interviewer Instruction:
If respondent asks what “Health Insurance” includes; please say:
“Health insurance” also includes Medicare, Medicaid or other types of state health programs.”

1 Yes
2 No
7 Don’t know / Not sure
9 Refused
M12.10 Were you EVER denied health insurance or life insurance coverage because of your cancer?

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

M12.11 Did you participate in a clinical trial as part of your cancer treatment?

[CSRVCLIN]
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

M12.12 Do you currently have physical pain caused by your cancer or cancer treatment?

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

M12.13 Is your pain currently under control?

Please read:
1 Yes, with medication (or treatment)
2 Yes, without medication (or treatment)
3 No, with medication (or treatment)
4 No, without medication (or treatment)

Do not read:
7 Don’t know / Not sure
9 Refused
State-Added Module 21: Hookah Use

The next question asks you about smoking tobacco in a water pipe. A water pipe is also called a hookah.

SA21.1 Have you ever tried smoking tobacco in a water pipe, even one or two puffs?

[WTRPIPE]

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

SA21.2 During the past 30 days, that is, since [Fill: the “date” 30 days ago], 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
State-Added Module 22: Telephone Tobacco Quitline Knowledge (2013 KS BRFSS)

A telephone quitline is a free telephone-based service that connects people who use tobacco with someone who can help them quit.

SA22.1 Are you aware of any telephone quitline services that are available to help [Fill: “you” or “people”] quit using tobacco?  

[CATI NOTE: Fill with “you”, if…
…Tobacco Use Core C9.2 (cigarettes) = 1 (Everyday) or 2 (Some days) or
…Tobacco Use Core C9.5 (chew, snuff or snus) = 1 (Everyday) or 2 (Some days) or
…E-Cigarettes Core C10.2 = 1 (Everyday) or 2 (Some days) or
…Hookah Use Module SA21.2 = 1 or more days in the past 30 days.
Else, fill with “people”.

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

State-Added Module 23: In-Home Smoking Policy (2016 Module SA2)

The next question is about smoking inside the home.

SA23.1 Not counting decks, porches, or garages, during the past 7 days, that is, since last [CATI Note: Fill with today’s text of day of the week], on how many days did someone other than you smoke tobacco inside your home while you were at home?

_ _ Number of days [Range: 01-07]

88 None
77 Don’t know / Not sure
99 Refused
SA23.2  Not counting decks, porches, or garages, inside your home, is smoking always allowed, allowed only at some time in some places or never allowed?  

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

State-Added Module 24: Multi-Unit Dwelling Second Hand Smoke (2016 KS Module)

SA24.1  What type of residence do you reside in? Please let me read all the answer choices before giving me you answer. Is it a…?

Read:
1  Single family home/Mobile home/Trailer  [Go to next module]
2  Duplex
3  Double or other multi-family home
4  Apartment building
5  Condominium
6  Townhouse

Do not read:
7  Don’t know/Not sure [Go to next module]
8  CO-OP
9  Refused [Go to next module]
SA24.2 During the last 12 months of living in your unit, how often has second-hand smoke entered into your personal living space from somewhere else in or around the building? Would you say…?

**[SECHNDSMK]**

<table>
<thead>
<tr>
<th>Read:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Daily</td>
<td></td>
</tr>
<tr>
<td>2 A few times a week</td>
<td></td>
</tr>
<tr>
<td>3 Once a week</td>
<td></td>
</tr>
<tr>
<td>4 Once every couple of weeks</td>
<td></td>
</tr>
<tr>
<td>5 Once a month or less</td>
<td></td>
</tr>
<tr>
<td>6 Never</td>
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</tbody>
</table>

**Do not read:**

| 7 Don’t know/Not sure |   |
| 9 Refused            |   |

State-Added Module 25: Work Place Second Hand Smoke

CATI Note:
If Section 8: Demographics EMPLOY1 (C8.15) = 1 or 2; continue.
Otherwise, go to next module.

Now I’m going to ask you about smoke you might have breathed at work because someone else was smoking, either indoors or outdoors.

SA25.1 During the past 7 days, that is, since last **[CATI Note: Fill with today’s text of day of the week]**, on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?

**[WORKPLSMK]**

<table>
<thead>
<tr>
<th>_ _</th>
<th>Number of days [Range: 01-07]</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>77</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>
State-Added Module 26: Mental Health – Kessler 6

Now, I am going to ask you some questions about how you have been feeling lately.

**SA26.1** About how often during the past 30 days did you feel nervous? Would you say…?

**Read:**
1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**Do not read:**
7. Don’t know/Not sure
9. Refused

**SA26.2** During the past 30 days, about how often did you feel hopeless? Would you say…?

**Read:**
1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**Do not read:**
7. Don’t know/Not sure
9. Refused
SA26.3  During the past 30 days, about how often did you feel restless or fidgety?  

**Interviewer Instruction:**

*Read if necessary: “Would you say all, most, some, a little or of the time?”*

**Read:**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**Do not read:**

7. Don’t know/Not sure
9. Refused

SA26.4  During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?  

**Interviewer Instruction:**

*Read if necessary: “Would you say all, most, some, a little or of the time?”*

**Read:**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

**Do not read:**

7. Don’t know/Not sure
9. Refused
SA26.5 During the past 30 days, about how often did you feel that everything was an effort?

Interviewer Instruction: 
If respondent asks what does “everything was an effort” means; say:
“Whatever it means to you?”

Read if necessary: “Would you say all, most, some, a little or of the time?”

Read:  
1 All of the time  
2 Most of the time  
3 Some of the time  
4 A little of the time  
5 None of the time  

Do not read:  
7 Don’t know/Not sure  
9 Refused

SA26.6 During the past 30 days, about how often did you feel worthless?

Interviewer Instruction: 
Read if necessary: “Would you say all, most, some, a little or of the time?”

Read:  
1 All of the time  
2 Most of the time  
3 Some of the time  
4 A little of the time  
5 None of the time  

Do not read:  
7 Don’t know/Not sure  
9 Refused
State-Added Module 27: 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.

SA27.1 Are you in a safe place to answer these questions?  

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

Do not read:

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<th></th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your [CATI Note: If female; fill with “vagina,”] 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.

SA27.2 Has anyone EVER had sex with you after you said or showed that you didn’t want them to or without your consent?

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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

Do not read:

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
</tr>
</tbody>
</table>
SA27.3 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.

State-Added Module 28: Suicide

The next questions are about a sensitive topic and some people may feel uncomfortable with these questions. At the end of the 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.

SA28.1 Has there been a time, in the past 12 months, when you thought of taking your own life? [THNKSUICIDE]

- 1 Yes [Go to Module Closing]
- 2 No [Go to Module Closing]
- 7 Don’t know / Not sure [Go to Module Closing]
- 9 Refused [Go to Module Closing]
SA28.2 During the past 12 months, did you attempt suicide? [SUICIDEATMPT]

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

Module Closing:
As I mentioned, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Crisis Line at 1-800-273-TALK (8255). You can also speak directly to your doctor or health provider.

CLOSING STATEMENT
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.
### Activity List for Common Leisure Activities

*(To be used with Core Section 13: Exercise (Physical Activity) questions C13.2 and C13.5.)*

**Code Descriptions:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Activity Description</th>
<th>Code</th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Active Gaming Devices (Wii Fit, Dance, Dance revolution)</td>
<td>39</td>
<td>Rope skipping</td>
</tr>
<tr>
<td>02</td>
<td>Aerobics video or class</td>
<td>40</td>
<td>Rowing machine exercises</td>
</tr>
<tr>
<td>03</td>
<td>Backpacking</td>
<td>41</td>
<td>Rugby</td>
</tr>
<tr>
<td>04</td>
<td>Badminton</td>
<td>42</td>
<td>Scuba diving</td>
</tr>
<tr>
<td>05</td>
<td>Basketball</td>
<td>43</td>
<td>Skateboarding</td>
</tr>
<tr>
<td>06</td>
<td>Bicycling machine exercise</td>
<td>44</td>
<td>Skating – ice or roller</td>
</tr>
<tr>
<td>07</td>
<td>Bicycling</td>
<td>45</td>
<td>Sledding, tobogganing</td>
</tr>
<tr>
<td>08</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
<td>46</td>
<td>Snorkeling</td>
</tr>
<tr>
<td>09</td>
<td>Bowling</td>
<td>47</td>
<td>Snow blowing</td>
</tr>
<tr>
<td>10</td>
<td>Boxing</td>
<td>48</td>
<td>Snow shoveling by hand</td>
</tr>
<tr>
<td>11</td>
<td>Calisthenics</td>
<td>49</td>
<td>Snow skiing</td>
</tr>
<tr>
<td>12</td>
<td>Canoeing/Rowing in competition</td>
<td>50</td>
<td>Snowshoeing</td>
</tr>
<tr>
<td>13</td>
<td>Carpentry</td>
<td>51</td>
<td>Soccer</td>
</tr>
<tr>
<td>14</td>
<td>Dancing (ballet, ballroom, Latin, hip hop, Zumba, etc.)</td>
<td>52</td>
<td>Softball/Baseball</td>
</tr>
<tr>
<td>15</td>
<td>Elliptical/EFX machine exercise</td>
<td>53</td>
<td>Squash</td>
</tr>
<tr>
<td>16</td>
<td>Fishing from river bank or boat</td>
<td>54</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>17</td>
<td>Frisbee</td>
<td>55</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>18</td>
<td>Gardening (spading, weeding, digging, filling)</td>
<td>56</td>
<td>Surfing</td>
</tr>
<tr>
<td>19</td>
<td>Golf (with motorized cart)</td>
<td>57</td>
<td>Swimming</td>
</tr>
<tr>
<td>20</td>
<td>Golf (without motorized cart)</td>
<td>58</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>21</td>
<td>Handball</td>
<td>59</td>
<td>Table tennis</td>
</tr>
<tr>
<td>22</td>
<td>Hiking – cross-country</td>
<td>60</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>23</td>
<td>Hockey</td>
<td>61</td>
<td>Tennis</td>
</tr>
<tr>
<td>24</td>
<td>Horseback riding</td>
<td>62</td>
<td>Touch football</td>
</tr>
<tr>
<td>25</td>
<td>Hunting large game – deer, elk</td>
<td>63</td>
<td>Volleyball</td>
</tr>
<tr>
<td>26</td>
<td>Hunting small game – quail</td>
<td>64</td>
<td>Walking</td>
</tr>
<tr>
<td>27</td>
<td>Inline Skating</td>
<td>66</td>
<td>Waterskiing</td>
</tr>
<tr>
<td>28</td>
<td>Jogging</td>
<td>67</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>29</td>
<td>Lacrosse</td>
<td>68</td>
<td>Wrestling</td>
</tr>
<tr>
<td>30</td>
<td>Mountain climbing</td>
<td>69</td>
<td>Yoga</td>
</tr>
<tr>
<td>31</td>
<td>Mowing lawn</td>
<td>71</td>
<td>Childcare</td>
</tr>
<tr>
<td>32</td>
<td>Paddleball</td>
<td>72</td>
<td>Farm/Ranch Work (caring for livestock, stacking hay, etc.)</td>
</tr>
<tr>
<td>33</td>
<td>Painting/Papering house</td>
<td>73</td>
<td>Household Activities (vacuuming, dusting, home repair, etc.)</td>
</tr>
<tr>
<td>34</td>
<td>Pilates</td>
<td>74</td>
<td>Karate/Martial Arts</td>
</tr>
<tr>
<td>35</td>
<td>Racquetball</td>
<td>75</td>
<td>Upper Body Cycle (wheelchair sports, ergometer)</td>
</tr>
<tr>
<td>36</td>
<td>Raking lawn/Trimming hedges</td>
<td>76</td>
<td>Yard work (cutting/gathering wood, trimming, etc.)</td>
</tr>
<tr>
<td>37</td>
<td>Running</td>
<td>98</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>38</td>
<td>Rock climbing</td>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>