

**2008**

**KANSAS**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**12/31/07**

**FROM CDC Questionnaire 12/31/07**

**PANDEMIC FLU MODULE PILOT  
CONDUCTED IN DECEMBER 2008**

**Updated 06/12/09**

# 2008

## Kansas Behavioral Risk Factor Surveillance System Questionnaire

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**\*: Per discussion with the BRFSS team it was determined that a number of partial completes were ending at State-Added Module 12: Food Security and Insecurity. It was decided to move State-Added Module 12 from after State-Added Module 11: Oral Health, to the end of the Part B modules. This was started with the March BRFSS study. 02/28/08**

**Interviewer's Script:**

HELLO, I am calling for the Kansas Department of Health and Environment. My name is **(name)**. We are gathering information about the health of Kansas' residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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

Is this a private residence in Kansas? **If "no,"** Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? **Read only if necessary:** By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood. **If "yes,"** Thank you very much, but we are only interviewing landline telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_ Number of adults *(NUMADULT)*

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

**If "no,"**

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

\_\_\_ Number of men *(NUMMEN)*

\_\_\_ Number of women *(NUMWOMEN)*

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

**If "you," go to page 5**

**To the correct respondent:**

HELLO, I am calling for the Kansas Department of Health and Environment. My name is (name). We are gathering information about the health of Kansas' residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. Your answers will be strictly confidential and will not be linked to any information that can identify you. Your participation is voluntary and will not affect any services you may receive from the state of Kansas. You don't have to answer any question you don't want to, and you can end the interview at any time. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

**CORE SECTION:**

**Section 1: Health Status**

---

1.1 Would you say that in general your health is—

*(GENHLTH)*

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

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

## Section 2: Healthy Days — Health-Related Quality of Life

---

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

*(PHYSHLTH)*

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

- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

*(MENTHLTH)*

— — Number of days  
8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**  
7 7 Don't know / Not sure  
9 9 Refused

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

*(POORHLTH)*

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

## Section 3: Health Care Access

---

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

*(HLTHPLAN)*

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
(*PERSDOC2*)

**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”**

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?  
(*MEDCOST*)

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

**3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  
(*CHECKUP1*)

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

#### **Section 4: Sleep**

---

The next question is about getting enough rest or sleep.

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

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

## Section 5: Exercise

---

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

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

## Section 6: Diabetes

---

**6.1** Have you ever been told by a doctor that you have diabetes? *(DIABETE2)*

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

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

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

## Section 7: Oral Health

---

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

**Read only if necessary:**

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

**Do not read:**

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

**7.2** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. *(RMVTETH3)*

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

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

**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

**7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? *(DENCLEAN)*

**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 8: Cardiovascular Disease Prevalence**

---

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

**8.1** (Ever told) you had a heart attack, also called a myocardial infarction? *(CVDINFR4)*

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

**8.2** (Ever told) you had angina or coronary heart disease? *(CVDCRHD4)*

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

**8.3** (Ever told) you had a stroke? *(CVDSTRK3)*

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

### **Section 9: Asthma**

---

**9.1** Have you ever been told by a doctor, nurse, or other health professional that you had asthma? *(ASTHMA2)*

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

**9.2** Do you still have asthma? *(ASTHNOW)*

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

### **Section 10: Disability**

---

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

**10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? *(QLACTLM2)*

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

**10.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? *(USEEQUIP)*

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

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

### **Section 11: Tobacco Use**

---

**11.1** Have you smoked at least 100 cigarettes in your entire life? *(SMOKE100)*

**NOTE: 5 packs = 100 cigarettes**

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

**11.2** Do you now smoke cigarettes every day, some days, or not at all? *(SMOKDAY2)*

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

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

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

## Section 12: Demographics

---

**12.1** What is your age? *(AGE)*

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

**12.2** Are you Hispanic or Latino? *(HISPANC2)*

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

**12.3** Which one or more of the following would you say is your race? *(MRACE)*

**(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5**

**12.4** Which one of these groups would you say best represents your race? **(ORACE2)**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_

**Do not read:**

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

**12.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* **(VETERANI)**

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

**12.6** Are you...? **(MARITAL)**

**Please read:**

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

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

**12.7** How many children less than 18 years of age live in your household?(*CHILDREN*)

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

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

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

**12.9** Are you currently...? (*EMPLOY*)

**Please read:**

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

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**12.10** Is your annual household income from all sources—

(*INCOME2*)

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

**Read only if necessary:**

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

**Do not read:**

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

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

---

**CATI NOTE: If “employed”, “self-employed”, “student”, “retired”, or “homemaker” to core Q12.9 continue. Otherwise, Go to 12.11.**

**1** Previously, you indicated you were (a) [**insert response from core 12.9**]. On the average, how many hours per week, if any, do you work at a job or business? (*AVGHRS*)

- — Number of hours (76 = 76 or more hours)
- 8 8 Do not work/None
- 7 7 Don’t know/Not sure
- 9 9 Refused

**12.11** About how much do you weigh without shoes? (WEIGHT2)

**Note: If respondent answers in metrics, put “9” in column 119.**

**Round fractions up**

— — — — Weight  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

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

**12.12** About how tall are you without shoes? (HEIGHT3)

**Note: If respondent answers in metrics, put “9” in column 123.**

**Round fractions down**

— — / — — Height  
(ft / inches/meters/centimeters)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

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

**Note: If respondent answers in metrics, put “9” in column 127.**

**Round fractions up**

— — — — Weight  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure [Go to Q12.15]  
9 9 9 9 Refused [Go to Q12.15]

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

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

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

**12.15** What county do you live in? *(CTYCODE\_r)*

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

**12.16** What is your ZIP Code where you live? *(ZIPCODE\_r)*

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

**12.17** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. *(NUMHHOL2)*

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

**12.18** How many of these telephone numbers are residential numbers? *(NUMPHON2)*

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

**12.19** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. *(TELSER2)*

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

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

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

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

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

### **Section 13: Alcohol Consumption**

---

**13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (DRNKANY4)

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

**13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (ALCDAY4)

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

**13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (AVEDRNK2)

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

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

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

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

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(*MAXDRNKS*)

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

**Section 14: Immunization**

---

**14.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?  
(*FLUSHOT3*)

- 1 Yes
- 2 No [Go to Q14.3]
- 7 Don't know / Not sure [Go to Q14.3]
- 9 Refused [Go to Q14.3]

**14.2** During what month and year did you receive your most recent flu shot?  
(*FLUSHTMY*)

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

**14.3** During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.  
(*FLUSPRY2*)

- 1 Yes
- 2 No [Go to Q14.5]
- 7 Don't know / Not sure [Go to Q14.5]
- 9 Refused [Go to Q14.5]

**14.4** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? *(FLUSPRMY)*

\_\_ / \_\_\_\_ Month / Year  
77 / 7777 Don't know / Not sure  
99 / 9999 Refused

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

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

## Section 15: Falls

---

**If respondent is 45 years or older continue, otherwise go to next section.**

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**15.1** In the past 3 months, how many times have you fallen? *(FALL3MN2)*

\_\_ \_\_ Number of times [76 = 76 or more]  
8 8 None [Go to next section]  
7 7 Don't know / Not sure [Go to next section]  
9 9 Refused [Go to next section]

**15.2** [Fill in "Did this fall (from Q15. ) cause an injury?"]. If only one fall from Q15.1 and response is "Yes" (caused an injury); code 01. If response is "No", code 88.

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

*(FALLINJ2)*

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

## Section 16: Seatbelt Use

---

**16.1** How often do you use seat belts when you drive or ride in a car? Would you say—  
(SEATBELT)

**Please read:**

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

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

**CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.**

## Section 17: Drinking and Driving

---

**CATI note: If Q13.1 = 2 (No); go to next section.**

The next question is about drinking and driving.

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

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

## **Section 18: Women's Health**

---

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

**18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? **(HADMAM)**

- 1 Yes
- 2 No **[Go to Q18.3]**
- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**

**18.2** How long has it been since you had your last mammogram? **(HOWLONG)**

**Read only if necessary:**

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

**Do not read:**

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

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

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

**18.4** How long has it been since your last breast exam? *(LENGEXAM)*

**Read only if necessary:**

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

**Do not read:**

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

**18.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? *(HADPAP2)*

- 1 Yes
- 2 No **[Go to Q18.7]**
- 7 Don't know / Not sure **[Go to Q18.7]**
- 9 Refused **[Go to Q18.7]**

**18.6** How long has it been since you had your last Pap test? *(LASTPAP2)*

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next section.**

**18.7** Have you had a hysterectomy? *(HADHYST2)*

**Read only if necessary:**

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

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

## Section 19: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

**19.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? *(PSATEST)*

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

**19.2** How long has it been since you had your last PSA test? *(PSATIME)*

**Read only if necessary:**

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

**Do not read:**

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

**19.3** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? *(DIGRECEX)*

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

**19.4** How long has it been since your last digital rectal exam? *(DRETIME)*

**Read only if necessary:**

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

**Do not read:**

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

**19.5** Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? *(PROSTATE)*

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

**Section 20: Colorectal Cancer Screening**

---

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

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

- 1 Yes
- 2 No **[Go to Q20.3]**
- 7 Don't know / Not sure **[Go to Q20.3]**
- 9 Refused **[Go to Q20.3]**

**20.2** How long has it been since you had your last blood stool test using a home kit? *(LSTBLDS3)*

**Read only if necessary:**

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

**Do not read:**

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

**20.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? *(HADSIGM3)*

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

**20.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? *(HADSGC01)*

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

**20.5** How long has it been since you had your last sigmoidoscopy or colonoscopy? *(LASTSIG3)*

**Read only if necessary:**

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

**Do not read:**

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

**Section 21: HIV/AIDS**

---

**CATI note: If respondent is 65 years old or older, go to next section.**

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

**21.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. *(HIVTST5)*

- 1 Yes
- 2 No [Go to Q21.5]
- 7 Don't know / Not sure [Go to Q21.5]
- 9 Refused [Go to Q21.5]

**21.2** Not including blood donations, in what month and year was your last HIV test? *(HIVTSTD2)*

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

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

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

**21.3** Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? *(WHRTST8)*

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

**CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.**

**21.4** Was it a rapid test where you could get your results within a couple of hours? *(HIVRDTST)*

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

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

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

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

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

## **Section 22: Emotional Support and Life Satisfaction**

---

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

**22.1** How often do you get the social and emotional support you need? *(EMTSUPRT)*

**INTERVIEWER NOTE:**

**If asked, say “please include support from any source”.**

**Please read:**

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

**Do not read:**

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

22.2 In general, how satisfied are you with your life?

(LSATISFY)

**Please read:**

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

**Do not read:**

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

**Section 23: Pandemic Flu Pilot – Asked only in December 2008 at request of BSB/CDC**

---

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

**Please read:**

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

**Do not read:**

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

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

**Please read:**

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

**Do not read:**

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

**23.3.** How many flu vaccinations, including FluMist, have you had in the past 5 years, that is, since January 2003?

- 1 0 or none
- 2 5
- 3 10
  
- 7 Don't know / Not sure
- 9 Refused

**23.4.** Since September 2007, have you seen a doctor or other health professional about your own health?

- 1 Yes
- 2 No [Go to Q23.6]
  
- 7 Don't know / Not sure [Go to Q23.6]
- 9 Refused [Go to Q23.6]

**23.5.** Since September 2007, has a doctor or other health professional told you to get a flu vaccination?

**INTERVIEWER NOTE: Flu vaccination includes the flu shot and flu mist which is sprayed into the nose.**

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

**23.6.** Do you think the flu vaccination is very effective, somewhat effective, or not at all effective in preventing the flu?

- 1 Very effective
- 2 Somewhat effective
- 3 Not at all effective in preventing the flu
  
- 7 Don't know / Not sure
- 9 Refused

**23.7.** If you do not get the flu vaccination this fall or winter, what do you think are your chances of getting the flu?

**Please read:**

- 1 Very high
- 2 Somewhat high
- 3 Somewhat low
- 4 Very low

**Do not read:**

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

**CATI note: If received flu vaccination this season, go to Q23.9.**

**[Note to moderator] if answered Yes to Q14.1 or Q14.3, go to Q23.9.**

**23.8.** There are many reasons why people don't get flu vaccinations. What is the ONE main reason you did not get a flu vaccination last flu season?

**INTERVIEWER INSTRUCTION:** If more than one reason is given, ask "What is the one MAIN reason you did not get the flu vaccination last flu season?"

**Please read:**

- 1 Concerns about side effects or sickness
- 2 Think vaccines do not work
- 3 Vaccination is not needed
- 4 Allergic to the vaccine
- 5 Vaccine costs too much

OR

- 6 Some other reason

**Do not read:**

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

**If Q23.3 = 1 (0 vaccinations or none), 7 (Don't Know/Not sure), or 9 (Refused); continue. Else Skip to Q23.10.**

**23.9.** If you were to get the flu vaccination, how worried would you be about getting sick from it?

**Please read:**

- 1 Very worried
- 2 Somewhat worried
- 3 Not worried at all about getting sick from the flu vaccination

**Do not read:**

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

**23.10.** Do you know what the term “pandemic flu” means?

- 1 Yes
- 2 No

**Do not read:**

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

**Please read:**

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

**23.11.** Are you very concerned, somewhat concerned or not at all concerned about a pandemic flu outbreak?

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not concerned at all about the pandemic flu outbreak

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

- 23.12.** If there is a pandemic flu outbreak and you do not get the pandemic flu vaccination, what do you think your chances are of getting sick with the pandemic flu?

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

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

**Do not read:**

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

- 23.13.** If there was a pandemic flu outbreak, how likely are you to get a pandemic flu vaccination if it was available to you?

**Please read:**

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

**Do not read:**

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

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

**Please read:**

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

**Do not read:**

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

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

**Please read:**

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

**Do not read:**

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

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

**Do not read:**

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

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

**Please read:**

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

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

**Do not read:**

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

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

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

- 23.19.** During a severe outbreak of pandemic flu in your community, would you participate in a telephone interview like this one about pandemic flu? Would you definitely participate, probably participate, probably not participate, or definitely not participate in an interview?

- 1 Definitely participate
- 2 Probably participate
- 3 Probably not participate
- 4 Definitely not participate in an interview like this
  
- 7 Don't know / Not sure
- 9 Refused

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

- a. Emergency medical services, law enforcement, fire services, or in the manufacture of pandemic vaccines or anti-virals.
- b. Public health, healthcare provider, home health, or in a nursing home.
- c. Homeland or national security as one who would be deployed during a flu pandemic.

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

**NOTE: The following CDC Modules will be asked of every respondent.**

**CDC Module 15: Random Child Selection**

---

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

**If Core Q12.7 = 1, Interviewer please read:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

**If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.**

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

**1** What is the birth month and year of the “Xth” child? **(RCSBIRTH)**

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

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

**2** Is the child a boy or a girl? *(RCSGENDR)*

- 1 Boy
- 2 Girl
- 9 Refused

**3** Is the child Hispanic or Latino? *(RCHISLAT)*

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

**4** Which one or more of the following would you say is the race of the child?  
*(RCSRACE)*

**[Check all that apply]**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If more than one response to Q4, continue. Otherwise, go to Q6.**

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

6 How are you related to the child? *(RCSRLTN2)*

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

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

**CDC Module 16: Childhood Asthma Prevalence**

---

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

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

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

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

2 Does the child still have asthma? *(CASTHNO2)*

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

If Q9.1 = ‘yes’ or Childhood Asthma Prevalence CDC Module Q1 = ‘Yes’ and Random Child Selection CDC Module Q6 = “Parent” ( ) or “Foster parent or guardian” (3) then continue. Otherwise, go to next module.

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

---

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

**READ:** We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop programs and improve the quality of life of Kansans with asthma. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future.

**1** Would it be all right if we call back at a later time to ask additional questions about your asthma? (ADULTPERM)

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

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

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

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

Would it be all right if we call back at a later time to ask additional questions about your child’s asthma? (ADULTPERM)

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

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

**[CATI: 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

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

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

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

1 Yes **[CATI NOTE: Set MKPName = FName]**

2 No **[Go to OTHName]**

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

9 Refused **[Go to CBTime]**

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

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

**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.

**READ:** Some of the information that you shared with us today could be useful when combined with the information we will ask for during your 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.

8 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 [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]

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

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

[CATI NOTE: Set MKPName = OTHName]

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

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

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

**READ:** Some of the information that you shared with us today could be useful when combined with the information we will ask for during your 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.

11 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? (PERMIS)

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

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

[Go to next module]

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

## **PART A**

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

---

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

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

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

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

**2** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?  
(*PREDIAB*)

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

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

---

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

**1** How old were you when you were told you have diabetes?  
(*DIABAGE2*)

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

**2** Are you now taking insulin?  
(*INSULIN*)

- 1 Yes
- 2 No
- 9 Refused

- 3 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. *(BLDSUGAR)*

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

- 4 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. *(FEETCHK2)*

1	_	_	Times per day
2	_	_	Times per week
3	_	_	Times per month
4	_	_	Times per year
5	5	5	No feet
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

- 5 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]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

- 6 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? *(CHKHEMO3)*

_	_	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know / Not sure
9	9	Refused

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

- 7** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? **(FEETCHK)**

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

- 8** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. **(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

- 9** 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

- 10** 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 3: Diabetes Assessment

---

- 1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related only by marriage. (FAMDIAB1- FAMDIAB5)

**[Mark all that apply]:**

**Please read:**

- |   |          |   |
|---|----------|---|
| 1 | Mother   |   |
| 2 | Father   |   |
| 3 | Brothers | <b>[Interviewer note: include half brother]</b> |
| 4 | Sisters  | <b>[Interviewer note: include half sister]</b>  |
| 5 | No one   |   |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 7 | Do not know/ Not sure |
| 9 | Refused               |

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

- 2 Have you had a baby weighing more than 9 pounds at birth? (BABYWGT9)

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

### State-Added Module 4: Hypertension Awareness

---

- 1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (BPHIGH4)

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

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

2 Are you currently taking medicine for your high blood pressure? (BPMEDS)

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

### **State-Added Module 5: Cholesterol Awareness**

---

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

---

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

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

- 1** How much difficulty, if any, do you have in recognizing a friend across the street?  
Would you say— *(VIDFCLT2)*

**Please read:**

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

**Or**

- 6 Unable to do for other reasons

**Do not read:**

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

- 2** How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say— *(VIREDIF2)*

**Please read:**

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

**Or**

- 6 Unable to do for other reasons

**Do not read:**

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

- 3 When was the last time you had your eyes examined by any doctor or eye care provider? (VIPRFVS2)

**Read only if necessary:**

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

**Do not read:**

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

- 4 What is the main reason you have not visited an eye care professional in the past 12 months? (VINOCRE2)

**Read only if necessary:**

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

**Do not read:**

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) [Go to next module]
- 9 9 Refused

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

- 5 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (VIEYEXM2)

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read:**

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

- 6 Do you have any kind of health insurance coverage for eye care? (VIINSUR2)

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

- 7 Have you been told by an eye doctor or other health care professional that you NOW have cataracts? (VICTRCT2)

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

- 8 Have you EVER been told by an eye doctor or other health care professional that you had glaucoma? (VIGLUMA2)

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

**Please read:**

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

**Note: Age-related Macular Degeneration  
(Age-related Mak·yuh·luhr Di·jen·uh·rey·shuhn)**

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

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

**State-Added Module 6: Excess Sun Exposure**

---

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

- 1** Have you had a sunburn within the past 12 months? *(SUNBURN)*

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

- 2** Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? *(REDSKIN)*

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know/Not sure
- 9 Refused

## State-Added Module 7: Fruits and Vegetables

---

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

**1** How often do you drink fruit juices such as orange, grapefruit, or tomato? *(FRUITJUI)*

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

**2** Not counting juice, how often do you eat fruit? *(FRUIT)*

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

**3** How often do you eat green salad? *(GREENSAL)*

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

**4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? *(POTATOES)*

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

5 How often do you eat carrots?

(*CARROTS*)

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

6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(*VEGETABL*)

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

### **State-Added Module 8: Physical Activity**

---

**CATI note: If Core Q12.9 = 1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q2.**

1 When you are at work, which of the following best describes what you do? Would you say:  
(*JOBACTIV*)

**If respondent has multiple jobs, include all jobs.**

**Please read:**

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

**Do not read:**

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

**Please read:**

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 2 Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate? *(MODPACT)*

- 1 Yes
- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

- 3 How many days per week do you do these moderate activities for at least 10 minutes at a time? *(MODPADAY)*

- Days per week
- 88 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q5]
- 77 Don't know / Not sure [Go to Q5]
- 99 Refused [Go to Q5]

- 4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? *(MODPATIM)*

- .\_:\_ Hours and minutes per day
- 777 Don't know / Not sure
- 999 Refused

- 5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? *(VIGPACT)*

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

6 How many days per week do you do these vigorous activities for at least 10 minutes at a time? *(VIGPADAY)*

\_ \_ Days per week

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to closing]**

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

9 9 Refused **[Go to closing]**

7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? *(VIGPATIM)*

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

7 7 7 Don't know / Not sure

9 9 9 Refused

### **Closing:**

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

## PART B

### CDC Module 7: Other Tobacco Products

---

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

- 1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? (Snus rhymes with goose). *(USEEVER3)*

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

- |   |                       |            |
|---|-----------------------|------------|
| 1 | Yes                   |            |
| 2 | No                    | [Go to Q3] |
| 7 | Don't know / Not sure | [Go to Q3] |
| 9 | Refused               | [Go to Q3] |

- 2 Do you currently use chewing tobacco, snuff or snus every day, some days, or not at all? *(USENOW3)*

- |   |                       |
|---|-----------------------|
| 1 | Every day             |
| 2 | Some days             |
| 3 | Not at all            |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- 3 Do you currently use cigars, pipes, bidis, kreteks, or other tobacco products? Do not include cigarettes, snus, snuff, or chewing tobacco. *(USOTHNWI)*

**Note: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries.**

**Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.**

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

## CDC Module 8: Secondhand Smoke I

---

These next questions are about exposure to secondhand smoke.

**NOTE: If Core Q12.9 = 1 (Employed) or Core Q12.9 = 2 (Self-employed); continue. Otherwise, go to Q2.**

- 1** On how many of the past 7 days, did someone smoke in your indoor workplace while you were there? *(SHSINWRK)*

– – Number of days ( 7 days)  
5 5 Did not work in the past 7 days  
6 6 I do not work indoors most of the time  
8 8 None

**Do not read:**

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

- 2** On how many of the past 7 days, did anyone smoke in your home while you were there? *(SHSINHOM)*

– – Number of days ( 7 days)  
5 5 I was not at home in the past 7 days  
8 8 None

**Do not read:**

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

- 3** Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. *(HOUSSMK1)*

**Please read:**

1 Smoking is not allowed anywhere inside my home  
2 Smoking is allowed in some places or at some times  
3 Smoking is allowed anywhere inside my home

**Or**

4 There are no rules about smoking inside my home

**Do not read:**

7 Don't know / Not sure  
9 Refused

- 4 In bars, do you THINK smoking should be allowed in all areas, some areas or not allowed at all? *(SHSALOWB)*

**Please read:**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

**Do not read:**

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

- 5 In restaurants, do you THINK smoking should be allowed in all areas, some areas or not allowed at all? *(SHSALOWR)*

**Please read:**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

**Do not read:**

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

- 6 Inside indoor workplaces, do you THINK smoking should be allowed in all areas, some areas or not allowed at all? *(SHSALOWW)*

**Please read:**

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

**Do not read:**

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

**State-Added Module 9: COPD**

---

- 1 Have you ever been told by a doctor or health professional that you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? *(COPDDX)*

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

## State-Added Module 10: Underage Drinking

---

- 1 Over the past 12 months, did you ever buy or give alcohol to someone under the age of 21? This includes beer, wine, wine coolers and liquor such as rum, gin, vodka, or whiskey. Do not include giving a few sips of wine for religious purposes. (ALCUNDR21)

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

- 2 Previously you indicated that over the past 12 months you bought or gave alcohol to someone under the age of 21. Are you the parent or legal guardian of all individuals you supplied alcohol to? (ALCPARENT)

**INTERVIEWER NOTE: If respondent asks why we are asking this question, please respond with: "In Kansas it is illegal to purchase alcohol to anyone under the age of 21. The exception to this rule, according to Kansas law, is that a parent or legal guardian may provide alcoholic beverages to their child or ward when supervised by the parent or legal guardian. Despite enforcement of such laws, research shows that many youth acquire alcohol from individuals older than themselves."**

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

- 3 Over the past 12 months, did you ever allow alcohol to be consumed on your property by persons under the age of 21? (ALCPROPTY)

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

- 4 During the past 12 months, did you hear, read, or watch an advertisement about prevention of underage drinking? (ALCADVT)

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

5 Through which of the following media did you hear or see advertisements about the prevention of underage drinking?

	Yes	No	DK	Ref	
a. Television	1	2	7	9	(ALCADTV)
b. Radio	1	2	7	9	(ALCADRDO)
c. Billboard	1	2	7	9	(ALCADBBB)
d. Newspaper Article	1	2	7	9	(ALCADNWP)
e. Brochure/Fact sheet	1	2	7	9	(ALCADBRC)
f. Other	1	2	7	9	(ALCADOTR)

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

---

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

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know / not sure [Go to Q3]
- 9 Refused [Go to Q3]

2 What was the main reason you did not receive the dental care you needed? (WHYNODNTL)

**Read only if necessary**

- 1 Fear, apprehension, nervousness, pain, dislike going
- 2 Could not afford / cost / too expensive
- 3 Dentist would not accept my insurance, including Medicaid
- 4 Do not have/know a dentist
- 5 Lack transportation / too far away
- 6 Hours aren't convenient
- 7 Did not have time
- 8 Other (specify: \_\_\_\_\_) (WHYNODNTLO)
- 9 Other ailments prevent dental care
- 10 Could not get into dentist/clinic
- 11 Dentist cancelled appointment
- 12 Not enough dentists/Dissatisfied with dentist
  
- 77 Don't know / not sure
- 99 Refused

- 3 Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? *(DNTLCVRG)*

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

**State-Added Module 13: Natural Disasters and 2007 Greensburg Kansas Tornado**

---

The next question asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornadoes, floods and ice storms.

- 1 How well prepared do you feel your household is to handle a large-scale natural disaster or emergency, such as tornados, floods and ice storms? Would you say... *(PREPEMRG)*

**Please read:**

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

**Do not read:**

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

- 2 Where is the location of the storm shelter nearest to your home? *(STRMSHLTR)*

**Interviewer note: If respondent asks, "What do you mean by shelter on home premises?" This is a basement, cellar, specific room in their home or a special storm shelter on their property.**

**Please read:**

- 1 Shelter on home premises **[Go to Q4]**
- 2 A specific public or private shelter near home
- 3 Had a general idea
- 4 No shelter near home
- 5 Other, specify \_\_\_\_\_

**Do not read:**

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

- 3 In the event of an approaching tornado, how would you get to the nearest storm shelter?  
(*NERSHLTR*)

**Please read:**

- 1 Walk
- 2 Drive < 1 mile
- 3 Drive 5 miles
- 4 Drive 10 miles
- 5 Drive > 10 miles
- 6 No shelter near home

**Do not read:**

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

- 4 Were you or anyone you know affected by the 2007 Greensburg Kansas tornado? Include family members, friends, co-workers, or acquaintances. (*GRNTORNADO*)

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

**State-Added Module 14: Disability**

---

**If response to Core Q10.1 or 10.2 is "Yes" continue. Otherwise go to next module**

- 1 Because of an impairment or health problem do you have problems with any of the following:

.....thinking, remembering or controlling emotions?

(*PROBTHNK*)

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

- 2 [Because of an impairment or health problem do you have problems with any of the following]:

.....seeing, hearing or communicating?

(*PROBSEE*)

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

**3** [Because of an impairment or health problem do you have problems with any of the following]:

... nerves, muscles or joints? *(PROBNERV)*

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

**4** Does your impairment or health problem affect your ability with any of the following:

...to go to school or work? *(ABILWRK)*

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

**5** [Does your impairment or health problem affect your ability to]:

... perform personal care activities including bathing, dressing, grooming, using the toilet or getting in and out of bed? *(ABILPERS)*

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

**6** [Does your impairment or health problem affect your ability to]:

... perform household activities including paying bills, shopping, cooking, or cleaning the house? *(ABILHOUS)*

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

7 [Does your impairment or health problem affect your ability to]:

... move around, including walking, using stairs, lifting or carrying objects?

(*ABILWALK*)

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

8 Is your ability to move around affected due to any of the following:

...paralysis?

(*ABMVPLYS*)

**Note: If asked “Paralysis is defined as loss of function or feeling that affects the ability to move your arms or legs but does not include amputation or missing limbs”.**

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

9 [Is your ability to move around affected due to]:

... a chronic disease such as diabetes or arthritis?

(*ABMVCHRN*)

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

## **CDC Module 11: Veterans' Health Status**

---

**CATI note: Ask CDC Module 11; only if Core Q12.5 = 1(Yes). Otherwise, Go to next module.**

The next questions relate to military service.

- 1** Which of the following best describes your service in the United States military?  
(VETSTAT2)

**Please read:**

- 1 Currently on active duty
- 2 Currently in a National Guard or Reserve unit
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

**Do not read:**

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

- 2** In the last 12 months, have you received some or all of your health care from VA hospital or clinic?  
(VACARE1)

**INTERVIEWER NOTE: If "Yes"; probe for "All" or "Some" of the health care**

- 1 Yes, all of my healthcare
- 2 Yes, some of my healthcare
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

- 3** Since September 11, 2001, have you been deployed to the regions of Afghanistan or Iraq in support of U.S. military operations?  
(VAIRQAFG)

**INTERVIEWER NOTE: This includes countries in the Middle East region such as Iraq, Saudi Arabia, Kuwait, the Persian Gulf, and other forward deployed operating areas such as the countries bordering Afghanistan.**

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

## CDC Module 13: Anxiety and Depression

---

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

- 1** Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? *(ADPLEASR)*

– – 0 14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

- 2** Over the last 2 weeks, how many days have you felt down, depressed or hopeless? *(ADDOWN)*

– – 0 14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

- 3** Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? *(ADSLEEP)*

– – 0 14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

- 4** Over the last 2 weeks, how many days have you felt tired or had little energy? *(ADENERGY)*

– – 0 14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

- 5** Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? *(ADEATI)*

– – 0 14 days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**6** Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? *(ADFAIL)*

- \_ \_ 0 14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**7** Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? *(ADTHINK)*

- \_ \_ 0 14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**8** Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? *(ADMOVE)*

- \_ \_ 0 14 days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**9** Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? *(ADANXEV)*

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

**10** Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? *(ADDEPEV)*

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

## State-Added Module 15: Depression Treatment

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**CATI note: If CDC Module 13 Q10=1 (Yes) for ever diagnosed with a depressive disorder, continue. Otherwise, go to Q2.**

**1** About how long has it been since you were diagnosed with depression? (*DEPRESDX*)

**Please read:**

- 1 During the past twelve months (one year or less)
- 2 During the past two years (more than 1 year to 2 years)
- 3 During the past five years (more than 2 years to 5 years)
- 4 More than five years

**Do not read:**

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

Now, I am going to ask few questions about your feelings of being sad, discouraged or uninterested in the past 12 months and the treatment received for these feelings.

**2** During the past 12 months, have you had a period of two weeks or longer when you felt sad, discouraged or uninterested? (*FELTSAD*)

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

**3** Did you receive any treatment for your sadness, discouragement or lack of interest at any time in the past 12 months by a medical doctor or other health professional? (By health professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals) (*DEPRESTX*)

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

**4** During the past 12 months, did you get a prescription medicine for your sadness, discouragement or lack of interest? (*DEPRESRX*)

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

**5** During the past 12 months, did you receive counseling or therapy from a medical doctor or other health professional for your sadness, discouragement or lack of interest? (By health professional we mean psychologists, counselors spiritual advisors, herbalists, acupuncturists, and other healing professionals) *(DPRSTHRPY)*

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

**If Q3=2 (No), then continue. Otherwise, go to Q7**

**6** What was the main reason you did not receive treatment that you needed for your sadness, discouragement or lack of interest in the past 12 months? *(RSNNOTX)*

**Read only if necessary:**

- 01 Fear/apprehension/nervousness/ dislike going
- 02 Could not afford/cost/too expensive
- 03 Provider will not accept my insurance, including Medicaid
- 04 Do not have/know a health provider
- 05 Lack transportation/too far away
- 06 Hours aren't convenient
- 07 Other (Specify)\_\_\_\_\_
- 08 Illness or Death of family member or friend
- 09 Did not feel need/not severe enough for treatment
- 10 Denial of need for treatment
- 11 Work related situation or stress
- 12 Just did not seek treatment
- 13 Other physical ailments
- 14 Don't want to take prescribed medications

**Do not read:**

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

**7** During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for your sadness, discouragement or lack of interest? *(HOSPTX)*

\_\_ \_\_ Number of Times

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

## State-Added Module 12: Food Security and Insecurity

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These next questions are about the food eaten in your family. People do different things when they are running out of money for food to make their food or money go further.

- 1** In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? *(SKPMEAL)*

- 1 Yes
- 2 No **[Go to Q3]**
- 7 Don't know/ Not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

- 2** How often did this happen? *(SKPMLOFT)*

**Please read:**

- 1 Almost every month
- 2 Some months but not every month
- 3 In only 1 or 2 months

**Do not read:**

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

- 3** In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? *(EATLESS)*

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

- 4** In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? *(NOTEAT)*

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

Now I'm going to read you 2 statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometimes, or never true for you or other members of your household in the last 12 months.

- 5 The first statement is, "The food that I or we bought just didn't last, and I or we didn't have money to get more." Was that often, sometimes or never true for you in the last 12 months? *(NOTLAST)*

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don't know / Not sure
- 9 Refused

- 6 "I or we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months? *(NOTAFORD)*

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don't know / Not sure
- 9 Refused

**Closing:**

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