

**KANSAS**

**2012**

**Behavioral Risk Factor Surveillance  
System Questionnaire**

**LANDLINE**

**Kansas  
Behavioral Risk Factor Surveillance System  
2012 Questionnaire**

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## Interviewer's Script

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

### Phone

Is this (phone number) ? (CTELENUM)

- 1 Yes [Go to Private Residence]
- 2 No [Confirm Phone Number]

#### **If "No"**

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

### Private Residence

Is this a private residence in Kansas? (PVTRESID)

- 1 Yes [Go to Cellular Phone question]
- 2 No [Go to College Housing]

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

### College Housing

Do you live in college housing? (COLGHOUS, 63)

**Read only if necessary:** "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

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

#### **If "No,"**

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

**Cellular Phone**

Is this a cellular telephone?

(CELLFON)

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

- 1 Yes
- 2 No

**If "Yes";**

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

**CATI NOTE: IF (College Housing = Yes); continue. Otherwise, go to Adult Random Selection**

**Adult**

Are you 18 years of age or older?

(LADULT)

- 1 Yes, respondent is male [Go to Core Section]
- 2 Yes, respondent is female [Go to Core Section]
- 3 No

**If "No",**

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

**Adult Random Selection**

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

\_\_\_ Number of adults

(NUMADULT)

**If "1,"**

Are you the adult?

**If "yes,"**

Then you are the person I need to speak with.

Enter 1 man or 1 woman below (Ask gender if necessary).

**[Go to Core Section]**

**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 Core Section.**

**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.



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

- Number of days
- 88 None [If Q2.1 and Q2.2 = 88 (None), go to next section]
- 77 Don't know / Not sure
- 99 Refused

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

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

### Section 3: Health Care Access

---

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

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

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

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

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

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

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

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

#### Section 4: Exercise

---

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

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

#### Section 5: Chronic Health Conditions

---

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

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

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

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

- 5.2** (Ever told) you had angina or coronary heart disease? (CVDCRHD4)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused
- 5.3** (Ever told) you had a stroke? (CVDSTRK3)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused
- 5.4** (Ever told) you had asthma? (ASTHMA3)
- 1 Yes  
2 No [Go to Q5.6]
- 7 Don't know / Not sure [Go to Q5.6]  
9 Refused [Go to Q5.6]
- 5.5** Do you still have asthma? (ASTHNOW)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused
- 5.6** (Ever told) you had skin cancer? (CHCSCNCR)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused
- 5.7** (Ever told) you had any other types of cancer? (CHCOCNCR)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused

**5.8** (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

**5.9** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?  
(HAVARTH3)

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

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**5.10** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?  
(ADDEPEV2)

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

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

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

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

5.12 Do you have any trouble seeing, even when wearing glasses or contact lenses? (CHCVISN1)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
  
- 7 Don't know / Not sure
- 9 Refused

5.13 (Ever told) you have diabetes? (DIABETE3)

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

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

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

**CATI note:** If Q5.13 = 1 (Yes) & QSTVER = 11 (Part A), go to Diabetes Optional Module 2.  
If Q5.13 > 1 & QSTVER = 11 (Part A), go to Pre-Diabetes Optional Module 1.  
Otherwise, go to next section.

## Section 6: Oral Health

---

6.1 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

**6.2** 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

## Section 7: Demographics

---

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

- Code age in years
- 07 Don't know / Not sure
  - 09 Refused

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

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

**7.3** 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 Q7.3; continue. Otherwise, go to Q7.5.**

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

**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:**

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

7.5 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. (VETERAN3)

- 1 Yes
- 2 No

**Do not read:**

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

7.6 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

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

-- Number of children

88 None

99 Refused

7.8 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

7.9 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

7.10

Is your annual household income from all sources—

(INCOME2)

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

**Read only if necessary:**

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

**Do not read:**

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

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

---

**CATI note:**

**Otherwise, if Q7.9 = 1 (employed), 2 (self-employed), 5 (student), 6 (retired), or 7 (homemaker); continue. Else, go to Q7.11.**

1. Previously, you indicated you were (a) **[insert text response from core Q7.9]**.  
On the average, how many hours per week, if any, do you work at a job or business?  
(AVGHRS)

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

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

**NOTE: If respondent answers in metrics, put "9" in column 118.**

**Round fractions up**

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

7777 Don't know / Not sure  
9999 Refused

7.12 About how tall are you without shoes? (HEIGHT3)

**NOTE: If respondent answers in metrics, put "9" in column 122.**

**Round fractions down**

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

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

7.13 What county do you live in? (CTYCODE1)

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

777 Don't know / Not sure  
999 Refused

7.14 What is the ZIP Code where you live? (ZIPCODE)

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

77777 Don't know / Not sure  
99999 Refused

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

1 Yes  
2 No [Go to Q7.17]  
7 Don't know / Not sure [Go to Q7.17]  
9 Refused [Go to Q7.17]

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

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

7 Don't know / Not sure  
9 Refused

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (CPDEMO1)

- 1 Yes
- 2 No [Go to Q7.19]
- 7 Don't know / Not sure [Go to Q7.19]
- 9 Refused [Go to Q7.19]

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (CPDEMO4)

--- Enter percent (1 to 100)

- 888 Zero
- 777 Don't know / Not sure
- 999 Refused

7.19 Do you own or rent your home? (RENTHOM1)

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

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

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

7.20 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]

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

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

## Section 8: Disability

---

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

**8.1** 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

**8.2** 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 9: Tobacco Use

---

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

**NOTE: 5 packs = 100 cigarettes**

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

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

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

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

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

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

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

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

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

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

- 1 Every day
- 2 Some days
- 3 Not at all

**Do not read:**

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

## Section 10: Alcohol Consumption

---

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

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

**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

**10.3** 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
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**10.4** 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 11: Immunization

---

**11.1** Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (FLUSHOT5)

**READ IF NECESSARY:**

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

- 1 Yes
- 2 No [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

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

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

11.3 At what kind of place did you get your last flu shot/vaccine? (IMFVPLAC)

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

**Do not read:**

- 99 Refused

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

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

## Section 12: Falls

---

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

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

12.1 In the past 12 months, how many times have you fallen? (FALL12MN)

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

**12.2** [Fill in “Did this fall (from Q12.1) cause an injury?”. If only one fall from Q12.1 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]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

### Section 13: Seatbelt Use

---

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

**Please read:**

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

**Do not read:**

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

**CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.**

### Section 14: Drinking and Driving

---

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

The next question is about drinking and driving.

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

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

## Section 15: Breast and Cervical Cancer Screening

---

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

The next questions are about breast and cervical cancer.

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q7.23 = 1 (is pregnant); then go to next section.**

15.7 Have you had a hysterectomy? (HADHYST2)

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

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

## Section 16: Prostate Cancer Screening

---

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

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

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (PCPSAAD1)

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

**16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (PCPSADI1)

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

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

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

**16.4** Have you EVER HAD a PSA test? (PSATEST1)

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

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

**Read only if necessary:**

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

**Do not read:**

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

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

**Please read:**

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

**Do Not Read:**

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

## Section 17: Colorectal Cancer Screening

---

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

The next questions are about colorectal cancer screening.

- 17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (BLDSTOOL)
- 1 Yes
  - 2 No [Go to Q17.3]
  - 7 Don't know / Not sure [Go to Q17.3]
  - 9 Refused [Go to Q17.3]
- 17.2** How long has it been since you had your last blood stool test using a home kit? (LSTBLDS3)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
  - 2 Within the past 2 years (1 year but less than 2 years ago)
  - 3 Within the past 3 years (2 years but less than 3 years ago)
  - 4 Within the past 5 years (3 years but less than 5 years ago)
  - 5 5 or more years ago
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused
- 17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (HADSIGM3)
- 1 Yes
  - 2 No [Go to next section]
  - 7 Don't know / Not sure [Go to next section]
  - 9 Refused [Go to next section]
- 17.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (HADSGCO1)
- 1 Sigmoidoscopy
  - 2 Colonoscopy
  - 7 Don't know / Not sure
  - 9 Refused

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

**Read only if necessary:**

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

**Do not read:**

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

## Section 18: HIV/AIDS

---

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

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

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

18.2 Not including blood donations, in what month and year was your last HIV test? (HIVTSTD3)

**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 / Not sure

**18.3**

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?

(HIVRISK3)

- 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.**

**Module 23: Random Child Selection**

---

**CATI note:** If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**If Core Q7.7 = 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 Q7.7 is >1 and Core Q7.7 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

## Module 24: Childhood Asthma Prevalence

---

**CATI note: If response to Core Q7.7 = 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               |  |

## State-Added Module 2: Childhood Diabetes

---

**CATI NOTE: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused); go to next module.**

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

1. Has a doctor, nurse or other health professional EVER said the child has diabetes? (CHDIABETES)
- |   |                     |  |
|---|---------------------|--|
| 1 | Yes                 |  |
| 2 | No                  |  |
| 7 | Don't know/Not sure |  |
| 9 | Refused             |  |

## State-Added Module 3: Sugar Sweetened Beverage Consumption Among Children

---

**CATI NOTE:** If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused); go to next module.

These next questions are about the milk, soda and other sugar sweetened beverages the “Xth” [CATI: Fill in correct number] child drank during the past 30 days.

I will be asking how often the “Xth” [CATI: Fill in correct number] child drank each one: for example, once a day, twice a week, three times a month, and so forth.

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

1. Flavored milk is plain milk which has had a flavoring such as chocolate or strawberry added to it. During the past 30 days, how often did [CATI: Fill he/she] drink flavored milk? (SSBCMILK, 454-456)

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

**Do not read:**

888 None

777 Don't know / Not sure

999 Refused

2. During the past 30 days, how often did [CATI: Fill he/she] drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (SSBCSODA)

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

**Do not read:**

888 None

777 Don't know / Not sure

999 Refused

3. During the past 30 days, how often did [CATI: Fill he/she] drink sugar sweetened beverages such as punch, Kool-Aid, sports drinks, other fruit flavored drinks or sweet tea? Do not include 100% fruit juice, milk, soda or non-calorie beverages. (SSBCBEVG, 460-462)

**Interviewer note: Fruit flavored drinks are sweetened beverages that often contain some fruit juice or flavoring.**

- 1 \_\_ Times per day  
2 \_\_ Times per week  
3 \_\_ Times per month

**Do not read:**

- 888 None  
7 77 Don't know / Not sure  
9 99 Refused

### **State-Added Module 4: Asthma Call Back Survey Information**

---

**CATI NOTE: If Q5.4 = 1 (Yes) or Childhood Asthma Prevalence CDC Module Q24.1 = 1 (Yes) and Random Child Selection CDC Module Q23.6 = 1 (Parent) or 3 (Foster parent or guardian) then continue. Otherwise, go to next module.**

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

**READ:**

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

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

- 1 Yes  
2 No [Go to next module]

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

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

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

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

- 1 Yes  
2 No [Go to next module]

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

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

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

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

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

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

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

[CATI NOTE: Set MKPName = FName]

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

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

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

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

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

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

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

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

[CATI NOTE: Set MKPName = OTHName]

**READ:**

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

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

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

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

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

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

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

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

## **PART A**

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

---

**NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q5.13 (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 Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (PREDIAB1)

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

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

**CATI NOTE: Go back to Core Section 6.**

### **Module 2: Diabetes**

---

**To be asked following Core Q5.13; 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]
- |    |                       |
|----|-----------------------|
| 98 | Don't know / Not sure |
| 99 | 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

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

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

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

555 No feet

888 Never

777 Don't know / Not sure  
999 Refused

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

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

88 None

77 Don't know / Not sure  
99 Refused

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

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

88 None

98 Never heard of "A one C" test

77 Don't know / Not sure  
99 Refused

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

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

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

88 None

77 Don't know / Not sure

99 Refused

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

**CATI NOTE: Go back to Core Section 6.**

## State-Added Module 5: Diabetes Risk Assessment

---

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

**[Mark all that apply]:**

**Please read:**

- |   |          |   |           |
|---|----------|---|-----------|
| 1 | Mother   |   | (MOMDIAB) |
| 2 | Father   |   | (DADDIAB) |
| 3 | Brothers | <b>[Interviewer note: include half-brother]</b> | (BRODIAB) |
| 4 | Sisters  | <b>[Interviewer note: include half-sister]</b>  | (SISDIAB) |
| 5 | No one   |   | (NONDIAB) |

**Do not read:**

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

**CATI NOTE: If respondent is female, continue.  
Otherwise, go to next module.**

2. Have you had a baby weighing more than 9 pounds at birth? (BABY9WGT)

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

## CDC Module 5: Sugar Sweetened Beverages and Menu Labeling

---

Now I would like to ask you some questions about sugary beverages.

**Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.**

1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (SSBSUGR1)

- |      |                 |
|------|-----------------|
| 1 __ | Times per day   |
| 2 __ | Times per week  |
| 3 __ | Times per month |

**Do not read:**

- |      |                       |
|------|-----------------------|
| 888  | None                  |
| 7 77 | Don't know / Not sure |
| 9 99 | Refused               |

2. During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-Aid, cranberry juice cocktail, and lemonade? Include fruit drinks you made at home and added sugar to.  
(SSBFRUT1)

**Interviewer note: Fruit drinks are sweetened beverages that often contain some fruit juice or flavoring. Do not include 100% fruit juice, sweet tea, coffee drinks, sports drinks, or energy drinks.**

- 1 \_\_ Times per day  
2 \_\_ Times per week  
3 \_\_ Times per month

**Do not read:**

- 888 None  
7 77 Don't know / Not sure  
9 99 Refused

3. The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?  
(SSBCALRI)

**Please read:**

- 01 Always  
02 Most of the time  
03 About half the time  
04 Sometimes  
05 Never

**Do not read:**

- 06 Never noticed or never looked for calorie information  
08 Usually cannot find calorie information  
55 Do not eat at fast food or chain restaurants  
77 Don't know / Not sure  
99 Refused

## State-Added Module 6: Other Sugar Sweetened Beverage Consumption Among Adults

---

Previously, we asked about your consumption of regular soda or pop and sweetened fruit drinks. The following question will be asking how often you drank other sugar sweetened drinks: for example, once a day, twice a week, three times a month, and so forth.

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

1. During the past 30 days, how many times per day, week or month did you drink other sugar sweetened drinks such as sports drinks, energy drinks, coffee drinks or sweet tea? Do not include regular soda or pop, diet soda or diet pop, sweetened fruit drinks, or 100% fruit juice.

(SSBBEVG)

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

**Do not read:**

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

## CDC Module 21: Chronic Obstructive Pulmonary Disease (COPD)

---

**CATI NOTE: If core Q5.8 = 1 (Yes) then continue, else go to next module.**

Earlier you said that you had been diagnosed with Chronic Obstructive Pulmonary Disease or COPD.

1. Have you ever been given a breathing test to diagnose your COPD, chronic bronchitis, or emphysema? (COPDTEST)

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

2. Would you say that shortness of breath affects the quality of your life? (COPDQOL)

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

3. Other than a routine visit, have you had to see a doctor in the past 12 months for symptoms related to shortness of breath, bronchitis, or other COPD, or emphysema flare? (COPDDOC)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused
4. Did you have to visit an emergency room or be admitted to the hospital in the past 12 months because of your COPD, chronic bronchitis, or emphysema? (COPDHOSP)
- 1 Yes  
2 No
- 7 Don't know / Not sure  
9 Refused
5. How many different medications do you currently take each day to help with your COPD, chronic bronchitis, or emphysema? (COPDMEDS)
- Number (01-76)
- 88 None
- 77 Don't know / Not sure  
99 Refused

### State-Added Module 7: Aspirin Use (CVH)

---

I would like to ask you a few questions about aspirin use.

1. Do you take aspirin daily or every other day? (ASPNUSE)
- 1 Yes [Go to Next Module]  
2 No
- 7 Don't know / Not sure  
9 Refused
2. Do you have a health problem or condition that makes taking aspirin unsafe for you? (ASPNUNSF)
- Interviewer Note: If "Yes", ask "Is this a stomach condition?"  
Code upset stomach as 2 "Yes, stomach problems".**
- 1 Yes, not stomach related  
2 Yes, stomach problems  
3 No
- 7 Don't know / Not sure  
9 Refused

## State-Added Module 8: Hypertension Awareness (CVH)

---

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

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

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

- |   |  |                      |
|---|--|----------------------|
| 1 | Yes  |                      |
| 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] |

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 9: Salt Intake (CVH)

---

Now I would like to ask you some questions about salt intake. A small amount of the salt we eat occurs naturally in foods. Most of the salt we eat is added to foods, such as salt found in canned foods and breads. Salt also can be added in cooking or at the table.

1. Within the past 30 days, did you buy food from a store or a restaurant labeled “low salt” or “low sodium.” Would you say... (LOWSALT)

- |   |                                      |
|---|--------------------------------------|
| 1 | Yes                                  |
| 2 | No                                   |
| 3 | Did not buy food in the past 30 days |
| 7 | Don’t know / Not sure                |
| 9 | Refused                              |

2. Are you currently watching or reducing your salt intake? (RUDCSALT)

- |   |                       |            |            |
|---|-----------------------|------------|------------|
| 1 | Yes                   | [Go to Q3] |            |
| 2 | No                    |            | [Go to Q4] |
| 7 | Don’t know / Not sure | [Go to Q4] |            |
| 9 | Refused               | [Go to Q4] |            |

3. How many days, weeks, months, or years have you been watching or reducing your salt intake? (LNGRUDC)

- 1 \_\_\_ Days
- 2 \_\_\_ Weeks
- 3 \_\_\_ Months
- 4 \_\_\_ Years

**Do not read:**

- 5555 All my life
- 7777 Don't know / Not sure
- 9999 Refused

4. Has a doctor or other health professional ever advised you to reduce salt intake? (ADVRUDC)

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

These next questions are about some of the food you eat. Please think about all meals, snacks, and food consumed at home and away from home.

I will be asking how often **you** ate each one: for example, once a day, twice a week, three times a month, five times a year and so forth.

5. Processed meats are meats (beef, pork, chicken and turkey) preserved by smoking, curing, salting or by the addition of preservatives. A few examples of processed meats are deli meats or cold cuts, sausages, franks or hot dogs, bacon, and ham. Thinking of all forms of processed meats, over the past 12 months, how many times per day, week, month or year did you eat processed meats?" (PRCSMEAT)

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

6. Over the past 12 months, how often did you eat salty snacks? (for example, potato or tortilla chips, popcorn, pretzels, crackers, salted nuts). (SALTSNCK)

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

888 Never

777 Don't know /Not sure

999 Refused

7. Over the past 12 months, how often did you eat pizza? (EATPIZZA)

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

888 Never

777 Don't know /Not sure

999 Refused

### State-Added Module 10: Tobacco Related Issues

---

The next questions refer to tobacco issues.

1. Have you ever used or tried any dissolvable tobacco products such as Ariva, Stonewall, orbs, sticks, or strips? (DSLBLTOB)

**NOTE: Dissolvable tobacco is finely milled tobacco which dissolves in the mouth.**

1 Yes  
2 No

**Do not read:**

7 Don't know / Not sure

9 Refused

2. Have you ever used or tried Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY? (ECIGS)

1 Yes  
2 No

**Do not read:**

7 Don't know / Not sure

9 Refused

3. The Kansas State Legislature passed a statewide smoking ban in 2010 that prohibits smoking in indoor public places. Do you support or oppose this law?  
(STATEBAN2)

**Interviewer Note: The Kansas Indoor Clean Air Act bans smoking in restaurants, bars, work places and other indoor public places, but does not ban smoking in casinos, 20% of hotel rooms and some private clubs.**

- 1 Support  
2 Oppose

**Do not read:**

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

### State-Added Module 11: Health Literacy

---

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

1. How confident are you in filling out medical forms by yourself? For example insurance forms, questionnaires, and doctor's office forms. Would you say...?  
(FILMDFRM)

**Please read:**

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

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

2. How often do you have problems learning about your health condition because of difficulty in understanding written information? Would you say...?  
(PRBLRNHC)

**Interviewer Probe: If respondent states they do not have a health condition, say:  
"This would include any routine visit to a doctor's office for a physical exam, women's health exam or men's health exam."**

**Please read:**

- 1 Always  
2 Often  
3 Sometimes  
4 Rarely  
5 Never

**Do not read:**

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

3. How often do you have someone help you read medical materials? For example: family member, friend, caregiver, doctor, nurse or other health professional. Would you say...? (RDMDMATL)

**Please read:**

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

**Do not read:**

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

**State-Added Module 12: Chronic Disease Management**

---

**CATI Note: If answered "Yes" to any of CDC Section 5: Chronic Health Conditions questions (5.1-5.13 = 1), then continue. Else, go to next module.**

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

1. You said that a medical professional has told you that you have or have had [CATI: Fill in list of chronic diseases from CDC Section 5]. During the last 12 months, have you gotten information about how to take care of your [CATI: Fill in 'illness'/'illnesses']? (CDMINFO)

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

2. During the last 12 months, where did you get information about taking care of your [CATI: Fill in 'illness'/'illnesses']? Would you say from...? (CDMGTFIN)

**[MARK ALL THAT APPLY]**

**Please Read:**

- 1 A doctor or health professional (CDMDOC)
- 2 Family or friends (CDMFAM)
- 3 A TV show or radio program (CDMTV)
- 4 The Internet (CDMNET)
- 5 A book, magazine, or other publication (CDMBOOK)
- 6 A group class (CDMCLAS)

**Do not read:**

- 7 Don't know / Not sure
- 8 Other (specify: \_\_\_\_\_) (CDMOTHR) (CDMGTFIN)
- 9 Refused

3. Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your [CATI: Fill in 'condition'/'conditions'] on a regular basis? Would you say...? (CDMMANGE)

**Please read:**

- 1 Not at all confident
- 2 A little confident
- 3 Moderately confident
- 4 Very confident

**Do not read:**

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

**Closing:**

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

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

## **PART B**

### **Module 7: Inadequate Sleep**

---

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

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

88 None

77 Don't know / Not sure

99 Refused

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

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

-- Number of hours [01-24]

77 Don't know / Not sure

99 Refused

3. Do you snore? (SLEPSNOR)

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

4. During the past 30 days, for about how many days did you find yourself unintentionally falling asleep during the day? (SLEPDAY)

-- Number of days [01-30]

88 None

77 Don't know / Not sure

99 Refused

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

## Module 17: Mental Illness and Stigma

---

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

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (MISNERVS)
- |   |                       |
|---|-----------------------|
| 1 | All                   |
| 2 | Most                  |
| 3 | Some                  |
| 4 | A little              |
| 5 | None                  |
| 7 | Don't know / Not sure |
| 9 | Refused               |
2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (MISHOPLS)
- |   |                       |
|---|-----------------------|
| 1 | All                   |
| 2 | Most                  |
| 3 | Some                  |
| 4 | A little              |
| 5 | None                  |
| 7 | Don't know / Not sure |
| 9 | Refused               |

3. During the past 30 days, about how often did you feel **restless** or **fidgety**? (MISRSTLS)

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
  
- 5 None
  
- 7 Don't know / Not sure
- 9 Refused

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

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
  
- 5 None
  
- 7 Don't know / Not sure
- 9 Refused

5. During the past 30 days, about how often did you feel that **everything was an effort**? (MISEFFRT)

**Note:** If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
  
- 5 None
  
- 7 Don't know / Not sure
- 9 Refused

6. During the past 30 days, about how often did you feel **worthless**? (MISWTLES)

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

- 1 All
- 2 Most
- 3 Some
- 4 A little
  
- 5 None
  
- 7 Don't know / Not sure
- 9 Refused

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities? (MISNOWRK)

**INTERVIEWER NOTE:** If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

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

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? (MISTMNT)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you **agree** slightly or strongly, or **disagree** slightly or strongly? (MISTRHLP)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

10. People are generally caring and sympathetic to people with mental illness. Do you –  
**agree** slightly or strongly, or **disagree** slightly or strongly? (MISPHLPF)

**Read only if necessary:**

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

**Do not read:**

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

**INTERVIEWER NOTE:** If asked for the purpose of Q9 or Q10: say: *“Answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.*

## Module 20: Veteran's Health

---

**CATI NOTE:** If Core Q7.5 = 1 (Yes) continue, else go to next module.

The next questions relate to veteran's health.

1. Did you ever serve in a combat or war zone? (VHCOMBAT)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
2. Has a doctor or other health professional ever told you that you have depression, anxiety, or post-traumatic stress disorder (PTSD)? (VHDRPTSD)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
3. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)? (VHDRTBI)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. In the past 12 months, did you receive any psychological or psychiatric counseling or treatment?  
(VHCOUNSL)

**Please read:**

- 1 Yes, from a VA facility
- 2 Yes, from a non-VA facility
- 3 Yes, from both VA and non-VA facilities
- 4 No

**Do not read:**

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

**The next few questions are a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.**

5. Has there been a time in the past 12 months when you thought of taking your own life?  
(VHTAKLIF)

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

6. During the past 12 months, did you attempt to commit suicide? Would you say---  
(VHSUICID)

**Please read:**

- 1 Yes, but did not require treatment
- 2 Yes, was treated at a VA facility
- 3 Yes, was treated at a non-VA facility
- 4 No

**Do not read:**

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

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.

## Module 25: Childhood Immunization

---

**CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

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

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

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

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

2. The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination? (RCVFCVCH4)

- |           |                       |
|-----------|-----------------------|
| -- / ---- | Month / Year          |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | Refused               |

## State-Added Module 13: Parental Attitudes About Vaccines

---

**CATI note: If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

1. In general, how confident are you in the safety of routine childhood vaccines? Would you say... (CVACSAFE)

**Please read:**

- |   |                      |
|---|----------------------|
| 1 | Not at all confident |
| 2 | A little confident   |
| 3 | Moderately confident |
| 4 | Very confident       |

**Do not read:**

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

2. What is your greatest concern about childhood vaccines, if any? Would you say...? (CCNCRVAC)

**Interviewer Probe:** If they give more than one answer, please say  
“Which ONE is your greatest concern?”

**Please read:**

- 1 Too many vaccines are given
- 2 Vaccines are not safe
- 3 Vaccines cause diseases such as autism
- 4 Vaccines are not necessary
- 5 Vaccines cause short term side effects, such as fever and pain

**OR**

- 6 I have no concerns about childhood vaccines

**Do not read:**

- 7 Don't know / Not sure
- 8 Other (Specify: \_\_\_\_\_) (CCNCRVACO)
- 9 Refused

3. What is the most important source of information that has helped you make decisions about vaccinating your child? Would you say...? (CVSRCINF)

**Please read:**

- 1 Healthcare provider
- 2 Media such as magazines, television, or radio
- 3 Internet
- 4 Friends or family

**Do not read:**

- 7 Don't know / Not sure
- 8 Other (Specify: \_\_\_\_\_) (CVSRCINFO)
- 9 Refused

4. The next question is about the “Xth” [CATI: Fill in correct number] child.

Have you obtained ALL age appropriate immunizations or shots for [CATI: Fill him/her] as recommended by your child's healthcare provider? Would you say...? (CVOBTNAA)

**Please read:**

- 1 Yes, all age appropriate
- 2 Yes, some age appropriate
- 3 No
- 4 Healthcare provider has not recommended any immunizations
- 5 Healthcare provider has specifically stated not to obtain any immunizations

**Do not read:**

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

## State-Added Module 14: Adolescent Meningococcal Vaccination

---

**CATI note:** If Core Q7.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

**CATI note:** If selected child's age is 11 through 17 years old, continue. Otherwise, go to next module.

**CATI note:** If selected child's age is not given (don't know/not sure or refused), go to next module.

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

1. A vaccine to prevent some types of meningitis caused by bacteria is available. Has the "Xth" [CATI: please fill in correct number] child ever had the Meningococcal vaccination? (CVMENGCL)
  - 1 Yes
  - 2 No [Go to next module]
  - 3 Doctor refused when asked [Go to next module]
  
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]
  
2. How many meningococcal shots did [Fill: he/she] receive? (CVMNGCLRCV)
  - 1 One shot
  - 2 Two shots
  
  - 7 Don't know/Not sure
  - 9 Refused

## State-Added Module 15: Oral Health

---

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 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? (NODNTLRSN)

**Read only if necessary:**

- 01 Fear, apprehension, nervousness, pain, dislike going
- 02 Could not afford / cost / too expensive
- 03 Dentist would not accept my insurance, including Medicaid
- 04 Do not have/know a dentist
- 05 Lack transportation / too far away
- 06 Hours aren't convenient
- 07 Did not have time
- 08 Other ailments prevent dental care
- 09 Could not get into dentist/clinic
- 10 No dental insurance
- 11 Other (specify : \_\_\_\_\_) (NODNTLRSNO)
- 12 Dentist refused/unable to provide treatment

**Do not read:**

- 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? (DNTLINSUR)

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

### **State-Added Module 16: Disability Issues**

---

**CATI note: If response to Core Q8.1 or Q8.2 is "Yes" continue. Otherwise skip to next module.**

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

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

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

2. [Is this restriction due to...]  
 ...physical access to buildings, offices or medical equipment needed (e.g., exam tables, scales, mammogram machines)? (RSTCPHYA)
- 1 Yes  
 2 No
- 7 Don't know/Not sure  
 9 Refused
3. [Is this restriction due to...]  
 ...transportation? (RSTCTRAN)
- 1 Yes  
 2 No
- 7 Don't know/Not sure  
 9 Refused

### State-Added Module 17: Arthritis Related Issues

---

**CATI note: If response to Core Q5.9 = 1 "Yes", continue. Otherwise skip to next module.**

1. Have you EVER taken an **educational course or class** to teach you how to manage problems related to your arthritis or joint symptoms? (ARTHEDU)
- 1 Yes  
 2 No
- 7 Don't know/Not sure  
 9 Refused
2. Have you EVER taken a **physical activity class** to teach you how to manage problems related to your arthritis or joint symptoms? (EVRTKPA)
- 1 Yes  
 2 No
- 7 Don't know/Not sure  
 9 Refused

**CATI Note:**

**If Core Section Employment Question (Q7.9) equals:  
 1 (Employed for wages) or 2 (Self-employed), then continue.**

**OR**

**If State-Added Module Average Hours Worked Question is greater than zero and Core Section Employment Question (Q7.9) equals:  
 5 (A homemaker), 6 (A student) or 7 (Retired), then continue.**

**Otherwise, Go To Next Section.**

3. Is your arthritis or joint symptoms **MADE WORSE** by duties in your **CURRENT** job?  
(AMTWORSE)
- 1 Yes  
2 No
- 7 Don't know/Not sure  
9 Refused
4. In the past 30 days, how many days of work did you miss because of arthritis or joint symptoms?  
(MISSWORK)
- Number of days (1-30)
- 88 No days missed from work
- 77 Don't know / Not sure  
99 Refused

### **State-Added Module 18: Fall Injuries Management**

---

The next questions are about falling.

1. In the past 12 months, have you done things to reduce your chance of falling? (RDCEFALL)
- 1 Yes  
2 No
- 7 Don't know/Not sure  
9 Refused
2. In the past 12 months, have you done anything to help an older person reduce his/her chance of falling?  
(HLPPRSN)
- 1 Yes  
2 No
- 7 Don't know/Not sure  
9 Refused

## State-Added Module 19: Rabies Vaccination for Pets

---

Next I will ask a few questions about rabies vaccination for pets.

1. How many cats 3 months of age or older do you currently keep in or around your home? This includes any cats that live around your home or on your property that you feed or otherwise care for. (HAVECATS)
1. None [Go to CLOSING]
  2. One
  3. Two
  4. Three
  5. Four
  6. Five or more
  
  7. Don't know/Not sure
  9. Refused

There are several different types of rabies vaccines that can be given to your cat by your veterinarian; some rabies vaccines can last up to three years. A cat with a current rabies vaccination is defined as a cat, 3 months of age or older, who has either received a rabies vaccination within the last 12 months OR your veterinarian has told you that your cat has a current rabies vaccination.

2. Of the cats 3 months of age or older you currently keep in or around your home, how many of them are vaccinated against rabies? Count only the ones that you know have received a rabies vaccination by a veterinarian. For example, if you have four cats but you only know that two of them have received a rabies vaccination, say "two". (CATVACRB)
1. None
  2. One
  3. Two
  4. Three
  5. Four
  6. Five or more
  
  7. Don't know/Not sure
  9. Refused

### Closing:

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