

KANSAS

2013

**Behavioral Risk Factor Surveillance System
Questionnaire**

LANDLINE PHONE SURVEY

Kansas
Behavioral Risk Factor Surveillance System
2013 Landline Questionnaire

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Interviewer's Script

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

Correct Phone Number

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

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

1 Yes [Go to private residence question]

2 No

If "No",

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

Private Residence

Is this a private residence in Kansas? *(PVTRESDI)*

Read only if necessary:

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

1 Yes [Go to State of Residence]

2 No [Go to College Housing]

3 No, business phone only

If "No, business phone only",

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

College Housing

Do you live in college housing?

(COLGHOUS)

Read only if necessary:

“By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university”

1 Yes [Go to State of Residence]

2 No

If “No”,

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

State of Residence

Do you reside in Kansas?

(STATERES)

Yes [Go to Cellular Phone]

No

If “No”,

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

Cellular Phone

Is this a cellular telephone?

(CELLFON3)

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

Read only if necessary:

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

1 Yes

If "Yes",

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

2 No

CATI NOTE:

If College Housing = 1 (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.

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.

Read to the Correct Respondent:

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

Core Section

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

Section 1: Health Status

1.1 Would you say that in general your health is—? (GENHLTH)

Please read:

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

Or

- 5 Poor

Do not read:

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

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

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

-- Number of days

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 no 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, government plans such as Medicare, or Indian Health Service?
(*HLTHPLN1*)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

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

1 Yes, only one

2 More than one

3 No

7 Don't know / Not sure

9 Refused

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

- 1 Yes
- 2 No

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

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

- 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: Inadequate Sleep

I would like to ask you about your sleep pattern.

4.1 On average, how many hours of sleep do you get in a 24-hour period? *(SLEPTIM1)*

INTERVIEWER NOTE:

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

- Number of hours [01-24]

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

Section 5: Hypertension Awareness

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

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

If 1 “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]**

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

- 1 Yes
- 2 No

- 7 Don’t know / Not sure
- 9 Refused

Section 6: Cholesterol Awareness

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

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

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

6.2 About how long has it been since you last had your blood cholesterol checked?
(*CHOLCHK*)

Read only if necessary:

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

Do not read:

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

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

- 1 Yes
- 2 No

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

Section 7: 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."

7.1 (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

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

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

7.3 (Ever told) you had a stroke? (CVDSTRK3)

- 1 Yes
- 2 No

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

7.4 (Ever told) you had asthma? (ASTHMA3)

- 1 Yes
- 2 No [Go to Q7.6]

- 7 Don't know / Not sure [Go to Q7.6]
- 9 Refused [Go to Q7.6]

7.5 Do you still have asthma? (ASTHNOW)

- 1 Yes
- 2 No

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

7.6 (Ever told) you had skin cancer? (CHCSCNCR)

- 1 Yes
- 2 No

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

7.7 (Ever told) you had any other types of cancer? (CHCOCNCR)

- 1 Yes
- 2 No

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

7.8 (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

7.9 (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)

7.10 (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

7.11 (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

7.12 (Ever told) you have diabetes? **(DIABETE3)**

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

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

CATI Note:

Only for those Respondent Records assigned to Part A (Questionnaire version = 11).

If Q7.12 = 1 (Yes), go to Diabetes Optional Module.

If Q7.12 = 2 (Yes, but female told only during pregnancy), 3 (No),

4 (No, pre-diabetes or borderline diabetes), 7 (Don't know/Not Sure) or

9 (Refused), go to Pre-Diabetes Optional Module.

Section 8: Demographics

8.1 What is your age?

(AGE)

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

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

(HISPANC3)

If 'YES', ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

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

8.3 Which one or more of the following would you say is your race? **(MRACE1)**

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

(Select all that apply)

Please read:

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

CATI Note: If more than one response to Q8.3; continue.
Otherwise, go to Q8.5.

8.4 Which one of these groups would you say best represents your race? **(ORACE3)**

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

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

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

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

8.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? 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

8.6 Are you...?

(MARITAL)

Please read:

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

Do not read:

- 9 Refused

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

-- Number of children

8 8 None

9 9 Refused

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

(EDUCA)

Read only if necessary:

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

Do not read:

- 9 Refused

8.9 Are you currently...?

(EMPLOY1)

Please read:

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

Do not read:

- 9 Refused

8.10 Is your annual household income from all sources—

(INCOME2)

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

Read only if necessary:

- 0 4 Less than \$25,000 **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

CATI Note:

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

Otherwise, go to Section 8 Q8.11.

State-Added Module 1: Average Hours Worked

1. Previously, you indicated you were (a) **[insert text response from Core Section Q8.9]**.

On the average, how many hours per week, if any, do you work at a job or business?

(AVGHR)

-- Number of hours (76 = 76 or more)

88 None

77 Don't know / Not sure

99 Refused

CATI Note: Continue with Section 8, go to Q8.11.

8.11 About how much do you weigh without shoes?

(WEIGHT2)

INTERVIEWER NOTE: If respondent answers in metrics, put "9" in column 148.

Round fractions up

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

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

8.12 About how tall are you without shoes?

(HEIGHT3)

INTERVIEWER NOTE: If respondent answers in metrics, put "9" in column 152.

Round fractions down

-- / -- Height (*ft / inches/meters/centimeters*)

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

9 9 / 9 9 Refused

8.13 What county do you live in? *(CTYCODE1)*

– – – ANSI County Code (formerly FIPS county code)

7 7 7 Don't know / Not sure

9 9 9 Refused

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

– – – – – ZIP Code

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

9 9 9 9 9 Refused

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

1 Yes

2 No **[Go to Q8.17]**

7 Don't know / Not sure **[Go to Q8.17]**

9 Refused **[Go to Q8.17]**

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

– Residential telephone numbers **[6 = 6 or more]**

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No **[Go to Q8.19]**

7 Don't know / Not sure **[Go to Q8.19]**

9 Refused **[Go to Q8.19]**

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

-- Enter percent (1 to 100)

8 8 8 Zero

7 7 7 Don't know / Not sure

9 9 9 Refused

8.19 Have you used the internet in the past 30 days? **(INTERNET)**

1 Yes

2 No

7 Don't know/Not sure

9 Refused

8.20 Do you own or rent your home? **(RENTHOM1)**

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

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

1 Own

2 Rent

3 Other arrangement

7 Don't know / Not sure

9 Refused

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

1 Male **[Go to Q8.23]**

2 Female **[If respondent is 45 years old or older, go to Q8.23]**

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

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

- 1 Yes
- 2 No

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

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

INTERVIEWER NOTE: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

8.27 Do you have serious difficulty walking or climbing stairs? **(DIFFWALK)**

- 1 Yes
- 2 No

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

8.28 Do you have difficulty dressing or bathing? **(DIFFDRES)**

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

Section 9: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to Q9.5]**

- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**

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

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to Q9.4]**

- 7 Don't know / Not sure **[Go to Q9.5]**
- 9 Refused **[Go to Q9.5]**

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

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]

- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more

- 0 8 Never smoked regularly

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

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

Snus (rhymes with 'goose')

INTERVIEWER NOTE:

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

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (*ALCDAY5*)

1 __ Days per week

2 __ Days in past 30 days

8 8 8 No drinks in past 30 days [Go to next section]

7 7 7 Don't know / Not sure [Go to next section]

9 9 9 Refused [Go to next section]

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

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

-- Number of drinks

7 7 Don't know / Not sure

9 9 Refused

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

-- Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion? (*MAXDRNK5*)

-- Number of drinks

7 7 Don't know / Not sure

9 9 Refused

Section 11: Fruits and Vegetables

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home.

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

INTERVIEWER NOTE:

If respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask:

“Was that per day, week, or month?”

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

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

INTERVIEWER NOTE:

Do not include fruit drinks with added sugar or other added sweeteners like Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar.

Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question 11.6.

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

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

Read only if necessary:

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

1 __ Per day

2 __ Per week

3 __ Per month

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

INTERVIEWER NOTE:

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

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

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

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

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

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

Read only if necessary:

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

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

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

INTERVIEWER NOTE:

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

Include bean burgers including garden burgers and veggie burgers.

Include falafel and tempeh.

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

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

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

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

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

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

(FVORANG)

Read only if needed:

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

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

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

INTERVIEWER NOTE:

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

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

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

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

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

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

Read only if needed:

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

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

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

INTERVIEWER NOTE:

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

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

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

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

Do not include rice or other grains.

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

Section 12: Exercise (Physical Activity)

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

INTERVIEWER INSTRUCTION:

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

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

- 1 Yes
- 2 No [Go to Q12.8]
- 7 Don't know / Not sure [Go to Q12.8]
- 9 Refused [Go to Q12.8]

12.2 What type of physical activity or exercise did you spend the most time doing during the past month? *(EXRACT11)*

- (Specify) [See Physical Activity Coding List]
- 77 Don't know / Not Sure [Go to Q12.8]
- 99 Refused [Go to Q12.8]

INTERVIEWER INSTRUCTION:

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

12.3 How many times per week or per month did you take part in this activity during the past month? *(EXEROFT1)*

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

12.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? *(EXERHMM1)*

: _ Hours and minutes

7 7 7 Don't know / Not sure

9 9 9 Refused

12.5 What other type of physical activity gave you the next most exercise during the past month? *(EXERACT21)*

_ _ (Specify) [See Physical Activity Coding List]

8 8 No other activity [Go to Q12.8]

7 7 Don't know / Not Sure [Go to Q12.8]

9 9 Refused [Go to Q12.8]

INTERVIEWER INSTRUCTION:

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

12.6 How many times per week or per month did you take part in this activity during the past month? *(EXEROFT2)*

1_ _ Times per week

2_ _ Times per month

7 7 7 Don't know / Not sure

9 9 9 Refused

12.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? *(EXERHMM2)*

: _ Hours and minutes

7 7 7 Don't know / Not sure

9 9 9 Refused

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

(STRENGTH)

- 1__ Times per week
- 2__ Times per month

- 8 8 8 Never

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

Section 13: Arthritis Burden

CATI Note: If Core Section Q7.9 = 1 (Yes) then continue, else go to next section.

Next, I will ask you about your arthritis.

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

13.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? *(LMTJOIN3)*

- 1 Yes
- 2 No

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

INTERVIEWER INSTRUCTION:

If a question arises about medications or treatment, then the interviewer should say:

“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

CATI Note:

Next question, Q13.2, should be asked of all respondents regardless of employment status.

- 13.2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?
(ARTHDIS2)

If a question arises about medications or treatment, then the interviewer should say:
“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

- 1 Yes
- 2 No

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

INTERVIEWER INSTRUCTION:

If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as 1 “yes.”

- 13.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?
(ARTHSOCL)

If a question arises about medications or treatment, then the interviewer should say:
“Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

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

- 13.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? *Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.*
(JOINPAIN)

-- Enter number [00-10]

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

Section 14: Seatbelt Use

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

Please read:

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

Do not read:

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

Section 15: Immunization

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

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
(FLUSHOT6)

READ IF NECESSARY:

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

- 1 Yes
- 2 No **[Go to Q15.3]**

- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refused **[Go to Q15.3]**

15.2 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

15.3 Since 2005, have you had a tetanus shot?

(TETANUS)

If yes, ask:

“Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, bu not Tdap
- 3 Yes, received tetanus shot, but not sure what type
- 4 No, did not receive any tetanus since 2005

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

15.4 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 16: HIV/AIDS

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

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

(HIVTST6)

- 1 Yes
- 2 No [Go to Next Module]

- 7 Don't know / Not sure [Go to Next Module]
- 9 Refused [Go to Next Module]

16.2 Not including blood donations, in what month and year was your last HIV test? (*HIVSTD3*)

INTERVIEWER NOTE:

If response is before January 1985, code 777777 “Don’t know.”

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

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

(*WVRTST10*)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 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

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

CDC Module 20: Random Child Selection

CATI Note:

If Core Section Q8.7 = 88 or 99 (No children under age 18 in the household, or Refused), go to Next Module.

If Core Section Q8.7 = 1 (Yes), 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 Section Q8.7 is > 1 and Core Section Q8.7 does not equal 88 or 99, interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

CATI Note:

RANDOMLY SELECT ONE OF THE CHILDREN.

This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: 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

7 7 / 7 7 7 7 Don’t know / Not sure

9 9 / 9 9 9 9 Refused

CATI Note:

Calculate the child’s age in months (**CHLDAGE1=0 to 216**) and also in years (**CHLDAGE2=0 to 17**) based on the interview date and the birth month and year using a value of 15 for the birth day.

If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2.

If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

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

- 1 Boy
- 2 Girl

- 9 Refused

3 Is the child Hispanic, Latino/a, or Spanish origin? **(RCHISLA1)**

If 'YES', ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

- 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? (RCSRACE1)

(Select all that apply)

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

5 Which one of these groups would you say best represents the child's race? *(RCSBRAC1)*

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

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**

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

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

- Do not read:**
- 60 Other
 - 88 No additional choices
 - 77 Don't know / Not sure
 - 99 Refused

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

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

- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused

CDC Module 21: Childhood Asthma Prevalence

CATI note: If response to Core Section Q8.7 = 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 Section Q8.7 = 88 or 99 (No children under age 18 in the household, or Refused); go to Next Module.

Now, I would like to ask you about the “Xth” [CATI: 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 Section Q8.7 = 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)

- 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)

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
777 Don't know / Not sure
9 99 Refused

State-Added Module 4: Asthma Call Back Survey Information

CATI Note:

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

CATI Note:

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

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]

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

_____ Enter first name, initials or nickname **[Go to Next Module]**

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

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

- 1 Yes
- 2 No **[Go to Next Module]**

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

_____ Enter respondent's first name, initials or nickname

5 Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the **[CATI Note: Fill with child age]** year old child which is the **[CATI Note: Fill with Xth randomly selected child]** child.

CATI NOTE: If more than one child, show child age {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 **[CATI Note: Fill with child's name/initial]**'s asthma? **(MOSTKNOW)**

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

CATI Note: Set MKPName = FName

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

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

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

- 1 Yes
- 2 No

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

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

_____ Enter day/time **[Go to Next Module]**

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

_____ Enter Alternate's first name, initials or nickname

CATI Note: Set MKPName = OTHName

READ:

The information you gave us today and that {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 [CATI Note: Fill with OTHName]? For example, evenings, days, weekends?

_____ Enter day/time

State-Added Module 5: Cognitive Impairment

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. **This does not refer to occasionally forgetting your keys or the name of someone you recently met.** This refers to things like confusion or memory loss that are happening more often or getting worse. **We want to know how these difficulties impact you.**

- 1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? *(CIMEMLOS)*

INTERVIEWER NOTE: Repeat definition only as needed:

“For these questions, please think about confusion or memory loss that is happening more often or getting worse.”

- 1 Yes **[Go to Q2]**
- 2 No **[Go to Next Module]**
- 7 Don't know / Not sure **[Go to Next Module]**
- 9 Refused **[Go to Next Module]**

- 2 During the past 12 months, how often “**have you**”; given up household activities or chores “**you**” used to do, because of confusion or memory loss that is happening more often or is getting worse? *(CIHOWOFT)*

Please read:

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

Do not read:

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

3 As a result of “**your**” confusion or memory loss, in which of the following four areas “**do you**” need the MOST assistance? *(CIASSIST)*

- 1 Safety
[**Read only if necessary:** such as forgetting to turn off the stove or falling]
- 2 Transportation
[**Read only if necessary:** such as getting to doctor’s appointments]
- 3 Household activities
[**Read only if necessary:** such as managing money or housekeeping]
- 4 Personal care [**Read only if necessary:** such as eating or bathing]

Do not read:

- 5 Needs assistance, but not in those areas
- 6 Doesn’t need assistance in any area
- 7 Don’t know / Not sure
- 9 Refused

4 During the past **12 months**, how often has confusion or memory loss interfered with “**your**” ability to work, volunteer, or engage in social activities? *(CIINTER)*

Please read:

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

5 During the **past 30 days**, how often has a family member or friend provided any care or assistance for “**you**” because of confusion or memory loss? *(CIFAMCAR)*

Please read:

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

Do not read:

- 7 Don’t know / Not sure
- 9 Refused

6 Has anyone discussed with a health care professional, increases in “your” confusion or memory loss? (CIHCPROF)

- 1 Yes
- 2 No [Go to Next Module]

- 7 Don't know / Not sure [Go to Next Module]
- 9 Refused [Go to Next Module]

7 Have “you” received treatment such as therapy or medications for confusion or memory loss? (CIMEDS)

- 1 Yes
- 2 No

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

8 Has a health care professional ever said “you have” Alzheimer’s disease or some other form of dementia? (CIDIAGAZ)

- 1 Yes, Alzheimer ’s disease
- 2 Yes, some other form of dementia but not Alzheimer ’s disease
- 3 No diagnosis has been given

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

State-Added Module 6: Oral Health (CDC Rotating Core Section)

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

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

INTERVIEWER NOTE:

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

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

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

PART A

CDC Module 1: Pre-Diabetes

CATI Note:

If Core Section 7 Q7.12 > 1, continue.

Otherwise, go to Next Module.

Only asked of those not responding “Yes” (code = 1) to Core Section Q7.12 (Diabetes awareness question).

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

- 1 Yes
- 2 No

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

CATI Note:

If Core Section Q7.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

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

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

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

CATI Note:

Go Back to Core Section 8.

CDC Module 2: Diabetes

CATI Note:

If Core Section 7 Q7.12 = 1 (Yes), continue.

Otherwise, go to Core Section 8.

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. **(EYEEXAM)**

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 8.

State-Added Module 7: 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 | | <i>(MOMDIAB)</i> |
| 2 | Father | | <i>(DADDIAB)</i> |
| 3 | Brothers | [Interviewer note: include half-brother] | <i>(BRODIAB)</i> |
| 4 | Sisters | [Interviewer note: include half-sister] | <i>(SISDIAB)</i> |
| 5 | No one | | <i>(NONEDIAB)</i> |

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 Drinks

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

- 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. *(SSBSUGAR)*

Please read:

You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

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

Do not read:

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

- 2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.
(SSBFRUT2)

Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

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

Do not read:

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

CDC Module 6: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1 Are you currently watching or reducing your sodium or salt intake? **(WTCHSALT)**

- 1 Yes
- 2 No **[Go to Q3]**

- 7 Don't know/not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

2 How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake? **(LONGWTCH)**

- 1__ Day(s)
- 2__ Week(s)
- 3__ Month(s)
- 4__ Year(s)

- 5 5 5 All my life

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

3 Has a doctor or other health professional ever advised you to reduce sodium or salt intake? **(DRADVISE)**

- 1 Yes
- 2 No

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

State-Added Module 8: Salt In-Take

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... *(LBLLOWSALT)*

- 1 Yes
- 2 No
- 3 Did not buy food in the past 30 days

Do not read:

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

State-Added Module 9: Actions to Control High Blood Pressure

CATI NOTE: If Core Section Q5.1 = 1 (Yes); continue. Otherwise, go to Next Module.

Earlier you stated that you had been diagnosed with high blood pressure.

Are you now doing any of the following to help lower or control your high blood pressure?

1 (Are you) changing your eating habits (to help lower or control your high blood pressure)? *(BPEATHBT)*

- 1 Yes
- 2 No

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

2 IF CDC Module 6 Q1 = 1 (Yes); please read:

You had indicated previously that you are currently watching or reducing your sodium or salt intake. Are you cutting down on salt to help lower or control your high blood pressure?

IF CDC Module 6 Q1 = 2 (No), 7 (Don't know/Not Sure) or 9 (Refused); please read:

Are you cutting down on salt to help lower or control your high blood pressure? *(BPSALT)*

- 1 Yes
- 2 No
- 3 Do not use salt

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

3 (Are you) reducing alcohol use (to help lower or control your high blood pressure)? *(BPALCHOL)*

- 1 Yes
- 2 No
- 3 Do not drink

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

4 (Are you) exercising (to help lower or control your high blood pressure)? *(BPEXER)*

- 1 Yes
- 2 No

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

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

5 (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? *(BPEATADV)*

- 1 Yes
- 2 No

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

6 IF CDC Module 6 Q3 = 1 (Yes); please read:

You had indicated previously that a doctor or other health professional advised you to reduce sodium or salt intake. Was this advice to cut down on salt to help lower or control your high blood pressure?

IF CDC Module 6 Q3 = 2 (No), 7 (Don't know/Not Sure) or 9 (Refused); please read:

Ever advised you to cut down on salt to help lower or control your high blood pressure? *(BPSLTADV)*

- 1 Yes
- 2 No
- 3 Do not use salt

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

7 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?
(BPALCADV)

- 1 Yes
- 2 No
- 3 Do not drink

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

8 (Ever advised you to) exercise (to help lower or control your high blood pressure)?
(BPEXRADV)

- 1 Yes
- 2 No

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

9 (Ever advised you to) take medication (to help lower or control your high blood pressure)?
(BPMEDADV)

- 1 Yes
- 2 No

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

10 Were you told on **two or more different visits** by a doctor or other health professional that you had high blood pressure?
(BPHI2MR)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive

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

State-Added Module 10: Tobacco Indicators

The next questions refer to tobacco issues.

- 1 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

- 2 A telephone quitline is a free telephone-based service that connects people who use tobacco with someone who can help them quit. Are you aware of any telephone quitline services that are available to help "you" [or "people"] quit using tobacco? *(QTLINAWRNT2)*

- 1 Yes
- 2 No

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

- 3 Have you ever tried smoking cigars, cigarillos, or very small cigars that look like cigarettes in your entire life, even one or two puffs? (CIGAREVER)

INTERVIEWER NOTE:

IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY:

“Cigarillos are small, regular cigars. They are usually sold individually or in packs of 5 or 8. Some common brands are Black and Mild’s, Swisher Sweets Cigarillos, and Phillies Blunts, but there are others.”

IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE CIGARETTES ARE, SAY:

“Very small cigars that look like cigarettes are usually brown in color and have a spongy filter like a cigarette. They are about the same size as cigarettes and are often sold in packs of 20. Some common brands are Prime Time little filter cigars and Winchester little filter cigars, but there are others.”

- | | | |
|---|---------------------|------------|
| 1 | Yes | [Go to Q4] |
| 2 | No | [Go to Q5] |
| 7 | Don’t know/not sure | [Go to Q5] |
| 9 | Refused | [Go to Q5] |

- 4 During the past 30 days, that is, since [CATI Note: DATE FILL], on how many days did you smoke cigars, cigarillos, or very small cigars that look like cigarettes? (CIGARNODAYS)

INTERVIEWER NOTE:

IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY:

“Cigarillos are small, regular cigars. They are usually sold individually or in packs of 5 or 8. Some common brands are Black and Mild’s, Swisher Sweets Cigarillos, and Phillies Blunts, but there are others.”

IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE CIGARETTES ARE, SAY:

“Very small cigars that look like cigarettes are usually brown in color and have a spongy filter like a cigarette. They are about the same size as cigarettes and are often sold in packs of 20. Some common brands are Prime Time little filter cigars and Winchester little filter cigars, but there are others.”

- | | | |
|----|---------------------|---------------|
| __ | Number of days | [RANGE: 1-30] |
| 88 | None | |
| 77 | Don’t know/Not Sure | |
| 99 | Refused | |

- 5 Have you ever used or tried any dissolvable tobacco products such as Ariva, Stonewall, orbs, sticks, or strips? *(DSLBTOB)*

INTERVIEWER 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

- 6 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

State-Added Module 11: Family History of Cancer, Genetic Counseling/Testing

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

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

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

- 1 Yes
2 No

Do not read:

- 7 Don't know / Not sure
9 Refused

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

- 1 Yes
- 2 No

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

CDC Module 9: Arthritis Management

CATI NOTE: If Core Section Q7.9 = 1 (Yes), continue. Otherwise, go to Next Module.

1 Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you **today**? *(ARTTODAY)*

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

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

2 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? *(ARTHWTG)*

- 1 Yes
- 2 No

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

3 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? *(ARTHEXER)*

INTERVIEWER NOTE:

If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No

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

4 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? *(ARTHEDU)*

- 1 Yes
- 2 No

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

CDC 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)*

INTERVIEWER 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

- 8 8 None

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

INTERVIEWER NOTE:

If asked for the purpose of Q9; say:

“The 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”.

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 Q10; say:

“The 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”.

CDC Module 11: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

INTERVIEWER NOTE: Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1 A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [CATI Fill: If female “**GARDASIL or CERVARIX**”; if male “**or GARDASIL**”]. Have you EVER had an HPV vaccination? *(HPVADVC2)*

- 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 HPV shots did you receive? *(HPVADSHT)*

- Number of shots
- 03 All shots
- 77 Don't know / Not sure
- 99 Refused

State-Added Module 12: Parental Attitudes About Vaccines

CATI note: If Core Section Q8.7 = 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...

(*CONFCHLDVAC*)

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....

(*CNRCHLDVAC*)

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
- 6 I have no concerns about childhood vaccines
- 7 All Options (1-6) are concerns
- 8 Effectiveness/Duration of Coverage
- 9 Too many given at one time or too close together
- 10 Not all children are getting vaccinated
- 11 Long term side effects
- 12 Quality/Ingredients/Safety in processing
- 13 Needs more research and testing
- 14 Adverse or severe reactions to the vaccines
- 15 Proper administration and/or changing guidelines for the vaccines
- 16 Given at too early an age

Do not read:

- 77 Don't know / Not sure
- 88 Other (Specify: _____) (*CNRCHLDVACOT*)
- 99 Refused

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

Please read:

- 1 Healthcare provider
- 2 Media such as magazines, television, or radio
- 3 Internet
- 4 Friends or family
- 5 All of the above (01-04)
- 6 Required by law or school regulation
- 7 Personal decision
- 8 Personal education or professional training
- 9 Personal experience
- 10 Book, journals, studies; NOT media
- 11 All sources
- 12 Common sense
- 13 Cultural

Do not read:

- 77 Don't know / Not sure
- 88 Other (Specify: _____) *(INFOCHLDVACOT)*
- 99 Refused

4 The following questions are 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... *(ALLCHLDVAC)*

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 13: Child Immunization (Influenza)

CATI NOTE: If Core Section Q8.7 = 88 or 99 (No children under age 18 in the household, or Refused), go to Next Module.

CATI NOTE: If selected child's age is \geq 6 months, continue. Otherwise, go to Next Module.

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

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

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

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

State-Added Module 14: Child Human Papilloma Virus (HPV)

CATI note:

If selected child is between the ages of 9 and 17 years; otherwise, go to Next Module.

INTERVIEWER NOTE:

Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel)

1 A vaccine to prevent the human papilloma virus or HPV infection is available and is called cervical cancer vaccine, HPV shot, or GARDASIL[®]. Has this child EVER had the HPV vaccination? *(HPVCHVC)*

- | | | |
|---|---------------------------|---------------------|
| 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 HPV shots did [CATI: Fill he/she] receive?

(HPVCHSHT)

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

State-Added Module 15: Radon Awareness

Now we will be asking about Radon.

1 Have you ever heard of radon?

(HRDRADON)

INTERVIEWER NOTE: Radon is a radioactive gas that occurs in nature.

- 1 Yes
- 2 No

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

The next set of questions is about the home where you currently live.

2 To your knowledge, has the air in your home been tested for the presence of radon gas?

(HMTSTRADON)

- 1 Yes [Go to Q3]
- 2 No [Go to Q5]

- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

3 To your knowledge, have the radon levels in your home ever been found at 4.0 picocuries per liter (pCi/L) or higher?

(RADONLVLSHM)

INTERVIEWER NOTE: Picocurie is a unit of measure for levels of radon gas. It is a very small unit of measure. The United States Environmental Protection Agency (EPA) recommends that mitigation action be taken whenever the level of radon gas in a home is at or above 4.0 picocuries per liter.

- 1 Yes [Go to Q4]
- 2 No [Go to Q5]

- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

4 What action(s) did you take because the radon levels in your home were at 4.0 picocuries per liter (pCi/L) or higher? *(ACTRADONHM)*

(Select all that apply)

Read

- 1 No action was taken **[Go to Next Module]** *(RADNOACT)*
- 2 Retested the home for radon *(RADRETST)*
- 3 Had a radon mitigations system installed in the home *(RADMITSYS)*
- 4 Stopped using the basement or lowest level of the home as a living area *(RADSTPUSE)*
- 5 Other (specify) *(RADOTHR)*
- 6 Sump Pump Repaired, Covered or Sealed *(RADSMPPMP)*
- 7 Installed Exhaust Fan *(RADEXHST)*
- 8 Sealed Basement Cracks *(RADSEAL)*

Do not read

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

CATI Note: Go to Next Module

5 Do you have a radon mitigations system installed in your home? *(RADONMITGSYS)*

Read

- 1 Yes, a radon mitigation systems is installed in the home
- 2 No
- 3 No, I live in a new home that was built with radon resistant techniques

Do not read

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

State-Added Module 16: Large Scale Agricultural Burning in Kansas

(Asked May - December 2013)

- 1 Each April in Kansas land owner's burn thousands of acres of grassland as part of pasture management. Smoke from burning grassland can cause poor outdoor air quality. Thinking back to April of 2013, did you have an illness or symptom that you think was caused by poor outdoor air quality from burning? **(ILLPOORAIR)**

INTVIEWER NOTE:

Select answer 3, if the respondent says they do not live near an area of burning

- 1 Yes
- 2 No, I did not have any symptoms.

Do not read:

- 3 No, I don't live near an area of burning
- 7 Don't know/Not sure
- 9 Refused

- 2 Thinking back to April of 2013, how many times did you reduce or change your outdoor activity level because you thought the air quality was bad or was affecting how well you felt? Please do not include times when you made changes because of high pollen or other allergens. **(CHNGACTOTDR)**

___ Number of times (76= 76 or more times)

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

State-Added Module 17: 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?
(*NODNTRLRSN*)

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 ailments prevent dental care
- 9 Could not get into dentist/clinic
- 10 No dental insurance
- 11 Other (specify) (*NODNTRLRSNOT*)
- 12 Dentist refused/unable to provide treatment
- 13 Did not need/want to go
- 14 Did not like/was not satisfied with dentist

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

CDC Module 19: Social Context

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

CATI Note:

If Core Section Q8.20 = 1 (own) or 2 (rent) continue, else go to Q2.

- 1** How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---
(SCNTMONY)

Please read:

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

Do not read:

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

- 2** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---
(SCNTMEAL)

Please read:

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

Do not read:

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

CATI Note:

If Core Section Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Section Q8.9 = 3 (Out of work for 1 year or more), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Section Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

3 At your main job or business, how are you generally paid for the work you do. Are you:
(SCNTPAID)

INTERVIEWER NOTE:

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

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way

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

4 About how many hours do you work per week at all of your jobs and businesses combined?
(SCNTWRKI)

- Hours (01-96 or more) [Go to Q7]
- 9 8 Does not work [Go to Q7]
- 9 7 Don't know / Not sure [Go to Q7]
- 9 9 Refused [Go to Q7]

5 Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:
(SCNTLPAD)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way

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

6 Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?
(SCNTLWKI)

- Hours (01-96 or more)
- 9 8 Does not work
- 9 7 Don't know / Not sure
- 9 9 Refused

7 Did you vote in the last presidential election? The November 2012 election between Barack Obama and Mitt Romney.

(SCNTVOT1)

- 1 Yes
- 2 No

- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 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.

Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 12.2 and 12.5 above)

0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 1 Rugby
0 2 Aerobics video or class	4 2 Scuba diving
0 3 Backpacking	4 3 Skateboarding
0 4 Badminton	4 4 Skating – ice or roller
0 5 Basketball	4 5 Sledding, tobogganing
0 6 Bicycling machine exercise	4 6 Snorkeling
0 7 Bicycling	4 7 Snow blowing
0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 8 Snow shoveling by hand
0 9 Bowling	4 9 Snow skiing
1 0 Boxing	5 0 Snowshoeing
1 1 Calisthenics	5 1 Soccer
1 2 Canoeing/rowing in competition	5 2 Softball/Baseball
1 3 Carpentry	5 3 Squash
1 4 Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 4 Stair climbing/Stair master
1 5 Elliptical/EFX machine exercise	5 5 Stream fishing in waders
1 6 Fishing from river bank or boat	5 6 Surfing
1 7 Frisbee	5 7 Swimming
1 8 Gardening (spading, weeding, digging, filling)	5 8 Swimming in laps
1 9 Golf (with motorized cart)	5 9 Table tennis
2 0 Golf (without motorized cart)	6 0 Tai Chi
2 1 Handball	6 1 Tennis
2 2 Hiking – cross-country	6 2 Touch football
2 3 Hockey	6 3 Volleyball
2 4 Horseback riding	6 4 Walking
2 5 Hunting large game – deer, elk	6 6 Waterskiing
2 6 Hunting small game – quail	6 7 Weight lifting
2 7 Inline Skating	6 8 Wrestling
2 8 Jogging	6 9 Yoga
2 9 Lacrosse	7 1 Childcare
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 1 Mowing lawn	7 3 Household Activities (vacuuming, dusting, home repair, etc.)
3 2 Paddleball	7 4 Karate/Martial Arts
3 3 Painting/papering house	7 5 Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	
3 6 Raking lawn	
3 7 Running	
3 8 Rock Climbing	
3 9 Rope skipping	9 8 Other _____
4 0 Rowing machine exercise	9 9 Refused