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KANSAS

2016

Behavioral Risk Factor Surveillance System Questionnaire

LANDLINE PHONE & CELL PHONE SURVEYS

July 12, 2017

(Based on CDC BRFSS Jan. 27, 2016 Questionnaire)

Notes:

CDC Module 11: Sleep Disorder –

Added to Part B after CDC Module 05: Health Literacy. Asked from June – December, 2016.

State-Added Module 22: Preconception Health / Family Planning –

Added after Asthma Callback Information Module before splitting into Part A & Part B. Increased the age of females from 18-45 to 18-49 years old for the CDC Section 8: Demographics Q8.21 (pregnancy question). Module to be asked of all females between 18-49 years of age. Asked from September – December, 2016.



Behavioral Risk Factor Surveillance System 2016 Questionnaire

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Interviewer's Script

Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

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

Confirm Phone Number

Is this **(phone number)** ? [CTELENM1]

- 1 Yes [Go to Private Residence]
- 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?

[PVTRES1]

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 arrangement 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 currently live in Kansas? [STATERES]

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

If No,

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

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.



Cellular Phone

Is this a cellular telephone?

[CELLFON4]

INTERVIEWER NOTE:

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

READ 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 by land line telephones and for private residences or college housing.” **STOP**

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
- 2 Yes, respondent is female
- 3 No

If Yes (respondent is male or female),

“Then you are the person I need to speak with.”

Go to Page 13.

If No,

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



Adult Random Selection

Number of Adults

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?
[NUMADULT]

___ Number of adults

If 1, ask:

“Are you the adult?”

If Yes, say:

“Then you are the person I need to speak with.”

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

Go to page 13.

If No, ask:

“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 page 8.

Number of Men

How many of these adults are men and how many are women? [NUMMEN]

___ Number of men

CATI NOTE:

CATI program to subtract number of men from number of adults provided Number of Women.

Number of Women

So the number of adult women in the household is **[Fill: Number of Women]**?

Is that correct? [NUMWOMEN]

___ Number of women



Selected Respondent

CATI Note:

CATI program will randomly select the adult in the household to be interviewed (Selected Respondent).

The person in your household that I need to speak with is **[Fill: Selected Respondent]**.

**If you,
Go to Page 13.**

If not you, ask:

"May I speak with the **[Fill: Selected Respondent]**?"

**If yes,
Go to **Correct Respondent** below.**

**If no, ask;
"When would be a good time to callback to speak with
[Fill: Selected Respondent]?"
Set Callback Date & Time.
STOP.**

Correct Respondent, read:

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.



Interviewer's Script

Cell Phone

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2018

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HELLO, I am calling for the **Kansas Department of Health and Environment**. My name is (name). We are gathering information about the health of Kansas residents.

Vehicle

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

- 1 Yes
- 2 No **[Go to Safe Time]**

If Yes,

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

Safe Time

Is this a safe time to talk with you?

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

If No,

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



Intro Continued

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) ? [CTELNUM1]

- 1 Yes **[Go to cellular phone]**
- 2 No **[Confirm phone number called]**

If No,

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

Cellular Phone

Is this a cellular telephone? [CELLFON5]

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

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

If No,

“Thank you very much, but we are only interviewing cell telephones at this time.” **STOP.**

Adult

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

- 1 Yes, respondent is male **[Go to Private Residence]**
- 2 Yes, respondent is female **[Go to Private Residence]**
- 3 No

If No,

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



Private Residence

Do you live in a private residence?

[PVTRES3]

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]

College Housing

Do you live in college housing?

[CCLGHOUS]

READ ONLY IF NECESSARY:

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

- 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 currently live in Kansas?

[CSTATE1]

- 1 Yes [Go to Landline]
- 2 No [Go to State]

State

In what state do you currently live?

[RSPSTAT1]

_____ ENTER FIPS STATE



Landline

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

READ ONLY IF NECESSARY:

“By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

INTERVIEWER NOTE:

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

- 1 Yes
- 2 No

CATI NOTE:

If College Housing = 1 (Yes), code Number of Adults = 1 and go to Page 13.

Number of Adults

How many members of your household, including yourself, are 18 years of age or older? **[HHADULT]**
___ Number of adults

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.



Core Sections

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

Section 1: Health Status

1.1 Would you say that in general your health is— **[GENHLTH]**

Please read:

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

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

88 None

77 Don't know / Not sure

99 Refused



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

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

CATI Note:
If Q2.1 = 88 (None) and Q2.2 = 88 (None), go to Next Section.
Otherwise, continue.

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

CATI Note:
If Core Section Q3.1 = 1; go to State-Module 1: Health Care Access.
Otherwise, go to Q3.2.



State-Added Module 1: Health Care Access [CDC Module 4: HCA Q2]

(The insertion of this question into the CDC Core Section has been approved by CDC BRFSS Director, Machell Town)

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

INTERVIEWER INSTRUCTION:

If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Kansas Marketplace), ask:

“Was it a private health insurance plan purchased on your own or by a family member (private) or if they received Medicaid (KanCare)?”

INTERVIEWER NOTE:

If purchased on their own (or by a family member), code as 02.
If Medicaid, code as 04.

Please Read:

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

Do not read:

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

CATI Note:

Go back to Section 3: Health Care Access, Q3.2.

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

INTERVIEWER INSTRUCTION:

If No, ask:

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

- 1 Yes, only one
- 2 More than one
- 3 No

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

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: Inadequate Sleep

5.1 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 6: Chronic Health Conditions

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

- 6.1** Ever told you that you had a heart attack also called a myocardial infarction? **[CVDINFR4]**
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.2** (Ever told) you had angina or coronary heart disease? **[CVDCRHD4]**
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.3** (Ever told) you had a stroke? **[CVDSTRK3]**
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.4** (Ever told) you had asthma? **[ASTHMA3]**
- 1 Yes
2 No **[Go to Q6.6]**
- 7 Don't know / Not sure **[Go to Q6.6]**
9 Refused **[Go to Q6.6]**
- 6.5** Do you still have asthma? **[ASTHNOW]**
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused
- 6.6** (Ever told) you had skin cancer? **[CHCSCNCR]**
- 1 Yes
2 No
- 7 Don't know / Not sure
9 Refused

6.7 (Ever told) you had any other types of cancer? **[CHCOCNCR]**

- 1 Yes
- 2 No

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

6.8 (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? **[CHCCOPD1]**

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

INTERVIEWER NOTE:

Arthritis diagnoses include:

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

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

- 1 Yes
- 2 No

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

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

INTERVIEWER NOTE:

Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No

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

6.12 (Ever told) you have diabetes? **[DIABETE3]**

INTERVIEWER INSTRUCTION:

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

INTERVIEWER NOTE:

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

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

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

CATI Note:

If Q6.12 = 1 (Yes), continue Q6.13.

If Q6.12 > 1 & QstVer (Part A) = 11 or 21, go to Pre-Diabetes Optional Module.

Otherwise, go to next section.

6.13 How old were you when you were told you have diabetes? **[DIABAGE2]**

-- Code age in years **[97 = 97 and older]**

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

Section 7: Oral Health

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

Read only if necessary:

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

Do not read:

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

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

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

Section 8: Demographics

- 8.1** Are you ... **[SEX]**

- 1 Male
- 2 Female
- 9 Refused

Note: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

8.2 What is your age? **[AGE]**

-- Code age in years

07 Don't know / Not sure

09 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin? **[HISPANC3]**

INTERVIEWER NOTE:

One or more categories may be selected.

If "yes", ask: Are you...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

5 No

7 Don't know / Not sure

9 Refused

8.4 Which one or more of the following would you say is your race? **[MRACE1]**

INTERVIEWER NOTE:

Select all that apply.

INTERVIEWER NOTE:

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

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 Q8.4; continue.
Otherwise, go to Q8.6.**



8.5 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 subcategory underneath major heading.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 **Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 **Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

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

8.6 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



8.7 What is the highest grade or year of school you completed? **[EDUCA]**

Read only if necessary:

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

Do not read:

- 9 Refused

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

8.8 Do you own or rent your home? **[RENTHOM1]**

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

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

- 1 Own
- 2 Rent
- 3 Other arrangement

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

8.9 In what county do you currently live? **[CTYCODE1]**

___ ANSI County Code (formerly FIPS county code)

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

8.10 What is the ZIP Code where you currently live? **[ZIPCODE1]**

_____ ZIP Code

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

CATI NOTE:

If cellular telephone (QSTVER = 21 or 22) interview, skip to Q8.14



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

- 1 Yes
- 2 No **[Go to Q8.13]**
- 7 Don't know / Not sure **[Go to Q8.13]**
- 9 Refused **[Go to Q8.13]**

8.12 How many of these telephone numbers are residential numbers? **[NUMPHON2]**

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

8.13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. **[CPDEMO1]**

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

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? **[VETERAN3]**

INTERVIEWER NOTE:

Active duty does not include training for the Reserves or National Guard, but **DOES** include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

Do not read:

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

8.15 Are you currently...?

[EMPLOY1]

INTERVIEWER NOTE:

If more than one, select the category which best describes you.

Please read:

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

Or

- 8 Unable to work

Do not read:

- 9 Refused

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

[CHILDREN]

-- Number of children

- 88 None
- 99 Refused

8.17 Is your annual household income from all sources—

[INCOME2]

INTERVIEWER NOTE:

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 Q8.15 = 1 (employed), 2 (self-employed), 5 (student), 6 (retired), or 7 (homemaker); skip to State-Added Module 2: Average Hours Worked. Otherwise, continue to Q8.18.

State-Added Module 2: Average Hours Worked

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

SA2.1 Previously, you indicated you were (a) **[CATI NOTE: insert text response from Demographics Core Section Employment Q8.15]**. On the average, how many hours per week, if any, do you work at a job or business? **[AVGHR5]**

__ Number of hours (**76 = 76 or more**)

88 None

77 Don't know / Not sure

99 Refused

CATI Note:
Go to Q8.18.

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

1 Yes

2 No

7 Don't know/Not sure

9 Refused

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

INTERVIEWER NOTE:

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

Round fractions up

_____ Weight (*pounds or kilograms*)

7777 Don't know / Not sure

9999 Refused

8.20 About how tall are you without shoes? **[HEIGHT3]**

INTERVIEWER NOTE:

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

Round fractions down

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

77/77 Don't know / Not sure

99/99 Refused



CATI Note:

If male, go to 8.22.

If female respondent is 45 years old or older, go to Q8.22 [January – August]

If female respondent is 50 years old or older, go to Q8.22 [September – December]

Otherwise, continue.

8.21 To your knowledge, are you now pregnant? **[PREGNANT (18 to 44), PREG4549]**

- 1 Yes
- 2 No

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

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

Some people who are deaf or have serious difficulty hearing **may or may not** use equipment to communicate by phone.

8.22 Are you deaf or do you have **serious difficulty** hearing? **[DEAF]**

- 1 Yes
- 2 No

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

8.23 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

8.24 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

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

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

- 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]**

INTERVIEWER NOTE:

"For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

INTERVIEWER 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]**

INTERVIEWER NOTE:

Snus (rhymes with 'goose')

INTERVIEWER NOTE:

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

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

Do not read:

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

Section 10: E-Cigarettes

READ IF NECESSARY:

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

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

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

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

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

Section 11: Alcohol Consumption

11.1 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]**



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

INTERVIEWER NOTE:

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

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

11.3 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

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion? **[MAXDRNKS]**

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

Section 12: 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™.

12.1 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 Q12.3]**
- 7 Don't know / Not sure **[Go to Q12.3]**
- 9 Refused **[Go to Q12.3]**



12.2 During what month and year did you receive your most recent flu shot? **[FLSHTMY2]**

__ / ____ Month / Year

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

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

1 Yes
2 No

7 Don't know / Not sure
9 Refused

12.4. Since 2005, have you had a tetanus shot? **[TETANUS]**

INTERVIEWER INSTRUCTION:

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, but 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

Section 13: Falls

CATI Note:

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

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

13.1 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]**

13.2

IF Q13.1 = 1; ASK:

Did this fall cause 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.

IF Q13.1 > 1; ASK:

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]**

INTERVIEWER NOTE:

If only one fall from Q13.1 and response is “Yes” (caused an injury); code 01.
If response is “No,” code 88.

-- Number of falls (**76 = 76 or more**)

88 None

77 Don't know / Not sure

99 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

CATI Note:

If Q14.1 = 8 (Never drive or ride in a car), go to Section 16.
Otherwise, continue.

Section 15: Drinking and Driving

CATI note:

If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

Otherwise, continue.

- 15.1** 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 16: Breast and Cervical Cancer Screening

CATI Note:

If Q8.1 = 1 (male), go to next section.

Otherwise, continue.

The next questions are about breast and cervical cancer.

- 16.1** 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 Q16.3]**
- 7 Don't know / Not sure **[Go to Q16.3]**
- 9 Refused **[Go to Q16.3]**
- 16.2** How long has it been since you had your last mammogram? **[HOWLONG]**
- 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
- 7 Don't know / Not sure
- 9 Refused

16.3 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 Q16.5]**
- 7 Don't know / Not sure **[Go to Q16.5]**
- 9 Refused **[Go to Q16.5]**

16.4 How long has it been since you had your last Pap test? **[LASTPAP2]**

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

Now, I would like to ask you about the Human Papillomavirus (**Pap-uh-loh-muh virus**) or HPV test.

16.5 An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? **[HPVTEST]**

- 1 Yes
- 2 No **[Go to Q16.7]**
- 7 Don't know / Not sure **[Go to Q16.7]**
- 9 Refused **[Go to Q16.7]**

16.6 How long has it been since you had your last HPV test? **[HPLSTTST]**

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

CATI Note:

If Q8.21 = 1 (is pregnant), go to next section.

Otherwise, continue.

16.7 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 17: Prostate Cancer Screening

CATI Note:

If respondent is ≤ 39 years of age, or is female, go to next section. Otherwise, continue.

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

17.1 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? **[PCPSAAD2]**

- 1 Yes
- 2 No

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

17.2 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

17.3 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

17.4. 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]**

17.5. 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

17.6. 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 18: Colorectal Cancer Screening

CATI NOTE:

**If respondent is \leq 49 years of age, go to next section.
Otherwise, continue.**

The next questions are about colorectal cancer screening.

18.1 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 Q18.3]**
- 7 Don't know / Not sure **[Go to Q18.3]**
- 9 Refused **[Go to Q18.3]**



18.2 How long has it been since you had your last 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

18.3 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]**

18.4 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

18.5 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 19: 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.

19.1 Not counting tests you may have had as part of a blood donation, have you ever been tested for HIV? Include testing fluid from your mouth. **[HIVTST6]**

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

19.2 Not including blood donations, in what month and year was your last HIV test? **[HIVTSTD3]**

INTERVIEWER NOTE:

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

INTERVIEWER 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

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

- 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.
- You had four or more sex partners in the past year.

Do any of these situations apply to you? **[HIVRISK4]**

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



NOTE:

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

CDC Module 22: Random Child Selection

CATI Note: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to Next Module.

If Core Q8.16 = 1, Interviewer please read:

“Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q8.16 is >1 and Core Q8.16 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.

M22.1. 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). **[CHLDAGE (Age in Months)]**

M22.2. Is the child a boy or a girl? **[RCSGENDR]**

1 Boy
2 Girl

9 Refused

M22.3. Is the child Hispanic, Latino/a, or Spanish origin?

[RCHISLA1]

INTERVIEWER NOTE:

Select all that apply.

If “yes”, ask: Are they...

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

Do not read:

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

M22.4. Which one or more of the following would you say is the race of the child? **[RCSRACE1]**

INTERVIEWER NOTE:

Select all that apply.

INTERVIEWER NOTE:

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

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 M22Q4, continue.
Otherwise, go to M22Q6.**

M22.5. Which one of these groups would you say best represents the child's race?

[RCSBRAC2]

INTERVIEWER NOTE:

Select all that apply.

INTERVIEWER NOTE:

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

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 **Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 **Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

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

M22.6. 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 23: Childhood Asthma Prevalence

CATI Note:

If response to Core Q8.16 = 88 (None) or 99 (Refused), go to Next Module.
Otherwise, continue.

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

M23.1. 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]**

M23.2. Does the child still have asthma? **[CASTHNO2]**

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

State-Added Module 3: Asthma Call Back Survey Information

CATI Note:

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

CATI Note:

If ADULT (AdltChld = 1) was selected to participate in the ASTHMA CALLBACK SURVEY, continue.
Otherwise, CHILD (AdltChld=2) was selected, skip to SA3.3.

[ADLTCHLD]

READ:

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

SA3.1 Would it be all right if we call back at a later time to ask additional questions about your asthma? **[CALLBACK]**

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



SA3.2 Can I please have your first name, initials or nickname so we know who to refer to when we call back?

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

SA3.3 We would like to call again within the next 2 weeks to talk in more detail about your child's experiences with asthma. The information will be used to help develop and improve the quality of life of Kansans with asthma.

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

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

SA3.4 Can I please have your first name, initials or nickname so we know who to ask for when we call back?

_____ Enter respondent's first name initials or nickname

SA3.5 Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back? This is the **[CATI Note: Fill with child age]** year old child which is the **[CATI Note: fill in number]** "Xth" child.

CATI Note:
If more than one child, show child age [fill: child age] and which child was selected (randomly selected child) from child selection module.

_____ Enter child's first name initials or nickname

SA3.6 Are you the parent or guardian in the household who knows the most about **[CATI Note: Fill with child's name/initial]**'s asthma? **[MOSTKNOW]**

- 1 Yes
- 2 No **[Go to SA3.9]**
- 7 Don't know/Not sure
- 9 Refused

CATI Note: Set MKPName = FName

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

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



SA3.7 May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? **[PERMISS]**

- 1 Yes
- 2 No

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

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

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

SA3.9 You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child? **(OTHName)**

_____ Enter Alternate's first name initials or nickname

CATI Note: Set MKPName = OTHName

READ:

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

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

SA3.10 May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? **[PERMISS]**

- 1 Yes
- 2 No

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

CATI Note: If OTHName is blank, set MKPName = FName. Otherwise, MKPName = OTHName.

SA3.11 When would be a good time to call back and speak with **[CATI Note: Fill with OTHName]**? For example, evenings, days, weekends?

_____ Enter day/time



State-Added Module 22: Preconception Health/Family Planning

CATI Note:

If Q8.1 = 1 (male), go to next module.

If Q8.1 = 2 (female) and Q8.2 > 49 years of age, go to next module.

If Q8.21 = 1 (is pregnant), go to next module.

If Q16.7 = 1 (had hysterectomy), go to next module.

Otherwise, continue.

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

SA22.1. Did you or your partner do anything the last time you had vaginal sex to keep you from getting pregnant? **[PFPPRVN1]**

- 1 Yes
- 2 No **[GO TO Q3]**
- 3 No partner/not sexually active **[GO TO NEXT MODULE]**
- 4 Same sex partner **[GO TO NEXT MODULE]**

- 7 Don't know/Not sure **[GO TO Q3]**
- 9 Refused **[GO TO Q3]**

SA22.2. What did you or your partner do the last time you had sex to keep you from getting pregnant? **[TYPCNTR7]**

INTERVIEWER NOTE:

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

INTERVIEWER NOTE:

If respondent reports using “condom”; probe to determine if “female condoms” or “male condoms”.

INTERVIEWER NOTE:

If respondent reports using an “IUD”; probe to determine if “Levonorgestrel IUD” or “Copper-Bearing IUD”.

INTERVIEWER INSTRUCTIONS:

If respondent reports “other method”; ask respondent:

“Please specify.”

Ensure that their response does not fit into any of the categories listed.

If response does not fit into another category, please code 18. Other method.

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

Do not read:

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

CATI Note:

Go to next Module.



Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

SA22.3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? **[NOBCUSE6]**

INTERVIEWER INSTRUCTIONS:

If respondent reports “other method”; ask respondent:

“Please specify.”

Ensure that their response does not fit into any of the categories listed.

If response does not fit into another category, please code 18. Other reasons.

Read only if necessary:

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

Do not read:

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



NOTE: FROM THIS POINT FORWARD,
Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.

Part A

CDC Module 1: Pre-Diabetes [Asked in Core after Q6.12]

CATI Note:

If QstVer = 11 or 21 (Part A) and Q6.12 = 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), continue. Otherwise, go to Core Section 7.

- M1.1.** Have you had a test for high blood sugar or diabetes within the past three years? **[PDIABTST]**
- 1 Yes
 - 2 No

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

CATI Note:

If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); code M1Q2 = 1 (Yes). Otherwise, continue.

- M1.2** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? **[PREDIAB1]**

INTERVIEWER INSTRUCTION:

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:

Return to Section 7: Oral Health Q7.1.

State-Added Module 4: At Risk for Diabetes

CATI Note:

If C6Q12 = 1 (Yes) or 4 (No, pre-diabetes or borderline diabetes) or M1Q2 = 1 (Yes); go to next module.

If C6Q12 = 2 (Yes, but female told only during pregnancy), 3 (No), 7 (Don't know/Not sure), 9 (Refused) or M1Q2 = 2 (Yes, during pregnancy), 3 (No), 7 (Don't know/Not sure), 9 (Refused); continue.

SA4.1. Have you ever been told by a doctor or other health professional that you are at risk for diabetes? **[DRSAYRSKDB]**

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

SA4.2. Do you think you are at risk for diabetes? **[UTHNKRSKDB]**

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

State-Added Module 5: Lifestyle Change Behavior to Prevent/Control Diabetes

CATI Note: If C6Q12 = 1, ask:

“Earlier you stated that you had been **diagnosed with** diabetes.

Are you now doing any of the following to help **manage your** diabetes?”

CATI Note: If C6Q12 = 4 or M1Q2 = 1, ask;

“Earlier you stated that you had been **diagnosed with pre-diabetes or borderline** diabetes.

Are you now doing any of the following to help **prevent** diabetes?”

CATI Note: If SA4Q1 = 1, ask;

“Earlier you stated that you had been **told you were at risk for** diabetes.

Are you now doing any of the following to help **prevent** diabetes?”

CATI Note: If SA4Q1 > 1 & SA04Q02 = 1, ask;

“Earlier you stated that you **think you are at risk for** diabetes.

Are you now doing any of the following to help **prevent** diabetes?”



SA5.1. (Are you) changing your eating habits (to help **[Fill: prevent/manage your]** diabetes)? **[UCHNGEATDB]**

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

SA5.2. (Are you) exercising (to help **[Fill: prevent/manage your]** diabetes)? **[UEXERDB]**

- 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 **[Fill: prevent/manage your]** diabetes?

SA5.3. (Ever advised you to) change your eating habits (to help **[Fill: prevent/manage your]** diabetes)? **[DRCHNGEATDB]**

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

SA5.4. (Ever advised you to) exercise (to help **[Fill: prevent/manage your]** diabetes)? **[DREXERDB]**

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

SA5.5. Have you ever taken a course or class in how to help **[Fill: prevent/manage your]** diabetes yourself? **[DIABEDU]**

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

State-Added Module 6: Diabetes Risk Assessment

SA6.1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related only by marriage. **[FAMDIAB]**

[Mark all that apply]:

Please read:

- | | | |
|---|--|-------------------|
| 1 | Mother | [MOMDIAB] |
| 2 | Father | [DADDIAB] |
| 3 | Brothers (Interviewer Note: include half-brother) | [BRODIAB] |
| 4 | Sisters (Interviewer Note: include half-sister) | [SISDIAB] |
| 5 | No one | [NONEDIAB] |

Do not read:

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

CATI Note:

If Q8.1 = 2 (female), continue.

Otherwise, go to Next Module.

SA6.2 Have you had a baby weighing more than 9 pounds at birth? **[BABY9WGT]**

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

State-Added Module 7: Hypertension Medication Adherence

SA7.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? **[BPHIGH4]**

Read only if necessary:

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

INTERVIEWER INSTRUCTION:

If Yes and respondent is female, ask:

“Was this only when you were pregnant?”

INTERVIEWER NOTE:

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

- 1 Yes **[Go to SA7.2]**
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, borderline high or pre-hypertensive

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

CATI Note:

Go to Next Module.

SA7.2. Are you currently taking medicine for your high blood pressure? **[BPMEDS]**

- 1 Yes
- 2 No

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

SA7.3. Has a doctor, nurse, or other health professional EVER talked with you about the **advantages** of taking your high blood pressure medication as prescribed? **[DRADVHPBMED]**

- 1 Yes
- 2 No

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



SA7.4. Has a doctor, nurse, or other health professional EVER talked with you about the **disadvantages** of not taking your high blood pressure medication as prescribed? **[DRDADHPBMED]**

- 1 Yes
- 2 No

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

SA7.5. Have you EVER received instructions from a doctor, nurse, or other health professional about how to correctly take your high blood pressure medication? **[DRINSTRHPBMD]**

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

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

SA7.6. Were these instructions written down or printed on paper for you? **[PRNTINSTHPBMD]**

- 1 Yes
- 2 No

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

State-Added Module 8: Multi-Unit Dwelling Second Hand Smoke

SA8.1. What type of residence do you reside in? Please let me read all the answer choices before giving me your answer. Is it a... **[TYPERES]**

Read:

- 1 Single family home/Mobile home/Trailer **[Go to Next Module]**
- 2 Duplex
- 3 Double or other multi-family home
- 4 Apartment building
- 5 Condominium
- 6 Townhouse

Do not read:

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



SA8.2. During the last 12 months of living in your unit, how often has second-hand smoke entered into your personal living space from somewhere else in or around the building? Would you say...? **[SECHNDSMK]**

Read:

- 1 Daily
- 2 A few times a week
- 3 Once a week
- 4 Once every couple of weeks
- 5 Once a month or less
- 6 Never

Do not read:

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

SA8.3. Would you be in favor of a policy in your residential building that prohibits smoking in all personal living spaces as apartments, private balconies and patios? Would you say...? **[LIVNOSMKPOL]**

Read:

- 1 Definitely in favor
- 2 Probably in favor
- 3 Probably NOT in favor
- 4 Definitely NOT in favor

Do not read:

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

State-Added Module 9: In-Home Smoking Policy

The next question is about smoking inside the home.

SA9.1. Not counting decks, porches, or garages, inside your home, is smoking always allowed, allowed only at some time in some places or never allowed? **[INHOMSMK]**

READ:

- 1 Always allowed
- 2 Allowed only at some times or in some places
- 3 Never allowed

DO NOT READ:

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

State-Added Module 10: Palliative Care

SA10.1. A health care directive or living will is a formal document in which a person gives instructions regarding his or her own health care should they become unable to make decisions for themselves such as during general anesthesia, coma, or mental illness. Do you have a health care directive or living will? **[LIVEWILL]**

1 Yes

2 No

7 Don't know/Not sure

9 Refused

SA10.2. Palliative care is medical care provided by a team of doctors, nurses, social workers and other health care providers to help relieve pain, stress and other symptoms due to a serious and chronic illness. Palliative care can be provided at any stage of illness and along with treatment meant to cure you. Have you ever received palliative care for a serious and chronic illness? **[PALLTVCARE]**

INTERVIEWER NOTE:

Pronunciation Key for Palliative is pal-lee-uh-tiv.

1 Yes

2 No

[Go to Next Module]

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

9 Refused

[Go to Next Module]

SA10.3. What type of illness was it?

[PCILLTYPE]

INTERVIEWER NOTE:

If respondent indicates more than one illness; please read:

“If you have had more than one serious and chronic illness, please answer these questions about your most recent illness.”

INTERVIEWER NOTE:

If respondent states they have Leukemia, lymphoma or multiple myeloma; please code as 3. Cancer.

- 01 ALS (Amyotrophic Lateral Sclerosis)
- 02 Alzheimer’s disease
- 03 Cancer
- 04 Chronic Obstructive Pulmonary Diseases (COPD)
- 05 Congestive Heart Failure
- 06 Dementia
- 07 HIV/AIDS
- 08 Kidney diseases
- 09 Liver diseases
- 10 Parkinson’s disease
- 11 Stroke
- 12 Hemophilia
- 13 Thalassemia
- 14 Other (Specify : _____) **[PCILLTYPO]**
- 15 Arthritis Conditions
- 16 Autoimmune Disorders
- 17 Back Related Conditions
- 18 Traumatic Brain Injury (TBI)/Neurological Illness
- 19 Diabetes/Diabetes Related Issues
- 20 Gallbladder Disease
- 21 Gastrointestinal Illnesses
- 22 Infections
- 23 Pulmonary Diseases
- 24 Mental Illnesses

77 Don't know/Not sure

99 Refused

SA10.4. Did you experience any physical pain caused by your illness or its treatment?

[PCEXPPHYS PAIN]

1 Yes

2 No **[Go to SA10.7]**

7 Don't know/Not sure **[Go to SA10.7]**

9 Refused **[Go to SA10.7]**



SA10.5. How would you rate the information given to you by your palliative care team about how to manage your pain? Would you say...? **[PCADVMPAIN]**

INTERVIEWER NOTE:

Palliative care team includes doctors, nurses, social workers and other health care providers.

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

SA10.6. Did a health care provider on your palliative care team prescribe any medications to help control the pain? **[PCRXPAINMED]**

INTERVIEWER NOTE:

Palliative care team includes doctors, nurses, social workers and other health care providers.

- 1 Yes
- 2 No

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

SA10.7. Did you experience any stress, depression, or problems with emotions caused by your illness or its treatment? **[PCEXPMTLILL]**

- 1 Yes
- 2 No **[Go to SA10.9]**

- 7 Don't know/Not sure **[Go to SA10.9]**
- 9 Refused **[Go to SA10.9]**



SA10.8. How would you rate the information given to you by your palliative care team about how to manage your stress, depression, or problems with emotions? Would you say...? **[PCADVINGMI]**

INTERVIEWER NOTE:

Palliative care team includes doctors, nurses, social workers and other health care providers.

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

SA10.9. How would you rate the emotional support provided to you by the palliative care team? Would you say...? **[PCEMOTSUPPT]**

INTERVIEWER NOTE:

Palliative care team includes doctors, nurses, social workers and other health care providers.

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

CDC Module 17: Cancer Survivorship

CATI Note:

If Core Q6.6 = 1 (Yes), Q6.7 = 1 (Yes) or Core Q17.6 = 4 (Because you were told you had prostate cancer); continue.

Otherwise, go to closing.

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

M17.1. How many different types of cancer have you had? **[CNCRDIFF]**

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[Go to Closing]**
- 9 Refused **[Go to Closing]**

M17.2. **CATI Note: If Q1 = 1, ask;**
"At what age were you told that you had cancer?"

CATI Note: If Q1= 2 (Two) or 3 (Three or more), ask;
"At what age were you first diagnosed with cancer?" **[CNCRAGE]**

INTERVIEWER NOTE:

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

-- Code age in years (**97 = 97 and older**)

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

M17.3. **CATI Note: If M17.1 = 1, ask;**
"What type of cancer was it?"

CATI Note: If M17.1 = 2 (Two) or 3 (Three or more), ask;
"With your most recent diagnoses of cancer, what type of cancer was it?" **[CNCRTYP1]**

INTERVIEWER NOTE:

If Core Q6.6 = 1 (Yes) and M17.1 = 1 (Only one): ask
"Was it "Melanoma" or "other skin cancer?"

If "Melanoma", code 21 or If "other skin cancer", code 22.

CATI Note:

If Core Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one), code 19.

INTERVIEWER NOTE:

Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

[1-30]:

Breast

01 Breast cancer

Female reproductive (Gynecologic)

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

Head/Neck

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

Gastrointestinal

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

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

Male reproductive

- 19 Prostate cancer
- 20 Testicular cancer

Skin

- 21 Melanoma
- 22 Other skin cancer

Thoracic

- 23 Heart
- 24 Lung

Urinary cancer:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

Do not read:

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



M17.4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. **[CSRVRT1]**

- 1 Yes **[Go to Closing]**
- 2 No, I've completed treatment **[Go to M17.5]**
- 3 No, I've refused treatment **[Go to Closing]**
- 4 No, I haven't started treatment **[Go to Closing]**

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

M17.5. What type of doctor provides the majority of your health care? **[CSRVDOC1]**

INTERVIEWER NOTE:

If the respondent requests clarification of this question, say:

"We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

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

Do not read:

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

M17.6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received? **[CSRVSUM]**

Read only if necessary:

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

- 1 Yes
- 2 No

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



M17.7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer? **[CSRVRTRN]**

- 1 Yes
- 2 No **[Go to M17.9]**
- 7 Don't know / Not sure **[Go to M17.9]**
- 9 Refused **[Go to M17.9]**

M17.8. Were these instructions written down or printed on paper for you? **[CSRVINST]**

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

M17.9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? **[CSRVINSR]**

INTERVIEWER NOTE:

"Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

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

M17.10. Were you EVER denied health insurance or life insurance coverage because of your cancer? **[CSRVDEIN]**

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

M17.11. Did you participate in a clinical trial as part of your cancer treatment? **[CSRVCLIN]**

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



M17.12. Do you currently have physical pain caused by your cancer or cancer treatment? **[CSRVPAIN]**

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

M17.13. Is your pain currently under control? **[CSRVCTL1]**

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

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

CLOSING

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

NOTE: FROM THIS POINT FORWARD, Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.

Path B

CDC Module 7: Cognitive Decline

CATI Note:

**If Q8.2 >= 45 years of age or older, continue.
Otherwise, go to Next Module.**

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, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

M7.1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? **[CIMEMLOS]**

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

M7.2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? **[CDHOUSE]**

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 9 Refused

M7.3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? **[CDASSIST]**

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely **[Go to M7.5]**
- 5 Never **[Go to M7.5]**

- 7 Don't know **[Go to M7.5]**
- 9 Refused **[Go to M7.5]**

M7.4. When you need help with these day-to-day activities, how often are you able to get the help that you need? **[CDHELP]**

Please read:

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

- 7 Don't know
- 9 Refused

M7.5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? **[CDSOCIAL]**

Please read:

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

- 7 Don't know
- 9 Refused

M7.6. Have you or anyone else discussed your confusion or memory loss with a health care professional? **[CDDISCUS]**

- 1 Yes
- 2 No

- 7 Don't know
- 9 Refused

CDC Module 5: Health Literacy

M5.1. How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is...? **[MEDADVIC]**

INTERVIEWER NOTE:

Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say,

"You can think about any source of health or medical advice or information."

Please read:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

Do not read:

- 5 I don't look for health information
- 7 Don't know / Not sure
- 9 Refused

M5.2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is...? **[UNDRSTND]**

Please read:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

Do not read:

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

M5.3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is...? **[WRITTEN]**

Please read:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't pay attention to written health information

Do not read:

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

CDC Module 11: Sleep Disorder [Asked June – December, 2016]

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

M11.1. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? **[ADSLEEP]**

__ __ 01-14 days

88 None

77 Don't know/Not sure

99 Refused

M11.2. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day? **[SLEPDAY1]**

__ __ 01-14 days

8 8 None

7 7 Don't know/Not sure

9 9 Refused

M11.3. Have you ever been told that you snore loudly? **[SLEPSNO1]**

1 Yes

2 No

7 Don't know/Not sure

9 Refused

M11.4. Has anyone ever observed that you stop breathing during your sleep? **[SLEPBRTH]**

INTERVIEWER NOTE:

If respondent mentions having a machine or CPAP that records that breathing sometimes stops during the night, code 1 (Yes).

1 Yes

2 No

7 Don't know/Not sure

9 Refused



State-Added Module 11: Chronic Fatigue Syndrome (CFS) (CDC funded as State-Added Module)

SA11.1. Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)? **[TOLDCFS]**

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

SA11.2 Do you still have Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)? **[HAVCFS]**

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

State-Added Module 12: Oral Health

SA12.1 During the past 12 months, was there any time when you needed dental care but did not get it? **[DNTLCARE]**

- 1 Yes **[Go to SA12.2]**
- 2 No **[Go to SA12.3]**
- 7 Don't know/Not sure **[Go to SA12.3]**
- 9 Refused **[Go to SA12.3]**



- SA12.2** What was the main reason you did not receive the dental care you needed? **[NODNTPRSN]**
- 01 Fear, apprehension, nervousness, pain, dislike going
 - 02 Could not afford / cost / too expensive
 - 03 Dentist would not accept my insurance, including Medicaid
 - 04 Do not have / know a dentist
 - 05 Lack transportation / too far away
 - 06 Hours aren't convenient
 - 07 Do not have time
 - 08 Other ailments prevent dental care
 - 09 Could not get into dentist / clinic
 - 10 Outside issues preventing obtaining treatment
 - 11 Appointment has been or is being scheduled
 - 12 Dentist refused / unable to provide treatment
 - 13 Other (specify: _____) **[NODNTPRSNO]**
 - 14 No Dental Insurance
 - 15 Did not need/want to go
- 77 Don't know / Not sure
 - 99 Refused

- SA12.3** In the last 12 months, have you been to a hospital emergency department for relief of dental pain or pain in your mouth not related to injury? **[ERDNTLPAIN]**

INTERVIEWER NOTE:

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

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

State-Added Module 13: Adult Active Transportation

- SA13.1.** During the past 30 days, for about how many days did you walk or bike to get some place such as work, school, church, a store, the bus stop or a restaurant? **[ACTTRANS]**
- Number of Days (**Range: 1 – 30**)
 - 88 No days
 - 77 Don't know/Not sure
 - 99 Refused

State-Added Module 14: Child Active Transportation

CATI Note:

If CDC Demographic Core Section Q8.16 = 88 (None) or 99 (Refused), go to Next Module.

CATI Note:

If Child's age is between 5 and 17 years (CHLDAGE2 => 5), continue.
Otherwise, go to Next Module.

CATI Note:

If selected child's age is not given CHLDAGE2 = 777777 (don't know/not sure) or 999999 (refused), go to Next Module.

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

SA14.1. In an average school-week, on how many days does the child walk or ride a bike **TO** school when weather allows **[Fill: him/her]** to do so? **[CHACTTRNTO]**

– Number of Days **(Range: 1 – 5)**

8 No days

7 Don't know/Not sure

9 Refused

SA14.2. In an average school-week, on how many days does the child walk or ride a bike **FROM** school when weather allows **[Fill: him/her]** to do so? **[CHACTTRNFRM]**

– Number of Days **(Range: 1 – 5)**

8 No days

7 Don't know/Not sure

9 Refused

State-Added Module 15: Child Immunization (Influenza)

CATI Note:

If CDC Demographic Core Section Q8.16 = 88 (None) or 99 (Refused), go to Next Module.

CATI Note:

If selected child's age is 6 months or greater (CHLDAGE1 >= 6), continue.
Otherwise, go to Next Module.

SA15.1 Now I will ask you questions about the seasonal flu. There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has **[Fill: he/she]** had a seasonal flu vaccination? **[FLUSHCH2]**

- 1 Yes **[Go to SA15.2]**
- 2 No **[Go to SA15.3]**
- 7 Don't know / Not sure **[Go to Next Module]**
- 9 Refused **[Go to Next Module]**

SA15.2 During what month and year did **[Fill: he/she]** receive **[Fill: his/her]** most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed the nose.
[RCVFCVCH4]

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

CATI Note:

Go to Next Module.



SA15.3 What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? **[CHNOFLU]**

Do not read answer choices below. Select category that best matches response.

- 01 Child does not need it
- 02 Doctor did not recommend it
- 03 Did not know that child should be vaccinated
- 04 Flu is not that serious
- 05 Child had the flu already this flu season
- 06 Side effects/can cause flu
- 07 Does not work
- 08 Plan to get child vaccinated later this flu season
- 09 Flu vaccination costs too much
- 10 Inconvenient to get vaccinated
- 11 Saving vaccine for people who need it more
- 12 Tried to find vaccine, but could not get it
- 13 Not eligible to receive vaccine
- 14 Other (specify) _____ **[CHNOFLUOT]**
- 15 Have not got around to it/didn't get it
- 16 Parent does not believe/approve or is against flu shots
- 17 Age is too young
- 18 Decision left to child who refused

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

State-Added Module 16: Childhood Human Papilloma Virus (HPV)

CATI Note:

If CDC Demographic Core Section Q8.16 = 88 (None) or 99 (Refused), go to Next Module.

CATI Note:

If Child's age is between 9 and 17 years (CHLDAGE2 => 9), continue.
Otherwise, go to Next Module.

CATI Note:

If selected child's age is not given CHLDAGE2 = 777777 (don't know/not sure) or 999999 (refused), go to Next Module.

SA16.1 A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female, "GARDASIL or CERVARIX"; if male "or GARDASIL"]. Has the child EVER had a HPV vaccination? **[HPVCHVC]**

- 1 Yes
- 2 No **[Go to SA16.3]**
- 3 Doctor refused when asked **[Go to Next Module]**

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

SA16.2 How many HPV shots did [Fill: he/she] receive? **[HPVCHSHT]**

- Number of shots
- 3 All shots
- 7 Don't know / Not sure
- 9 Refused

CATI Note:
Go to Next Module.

SA16.3 What is the **MAIN** reason [Fill: he/she] has not received a HPV vaccination? **[CHNOHPV]**

Do not read answer choices below. Select category that best matches response.

- 01 Child does not need it
- 02 Doctor did not recommend it
- 03 Child not sexually active
- 04 Did not know that child should be vaccinated
- 05 HPV is not that serious
- 06 Side effects
- 07 Does not work
- 08 Plan to get child vaccinated later
- 09 HPV vaccination costs too much
- 10 Inconvenient to get vaccinated
- 11 Saving vaccine for people who need it more
- 12 Tried to find vaccine, but could not get it
- 13 Not eligible to receive vaccine
- 14 Other (specify) _____ **[CHNOHPVOT]**
- 15 Have not got around to it/didn't get it
- 16 Parent does not believe/approve or is against HPV shots
- 17 Age is too young
- 18 Do not trust vaccine
- 19 Needs more information about vaccine

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

State-Added Module 17: Fire Alarms

SA17.1. Do you have a functioning smoke alarm on every level of your home? **[SMKALARM]**

INTERVIEWER NOTE:

If respondent asks if smoke detector, fire alarm, or fire detector is the same as smoke alarm, say yes.

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

SA17.2. Do you have a functioning smoke alarm outside each sleeping area? **[SMKALRMBED]**

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

State-Added Module 18: Storage of Firearms

The next questions are about the storage of firearms. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

READ ONLY IF NECESSARY:

If the respondent asks, "Why we need to know?", "What does this have to do with health?", "That's nobody's business." or anything similar; please read:

"We ask these questions to understand the need for public health education for the safe storage of firearms and prevention of accidental injuries in Kansas."

SA18.1. Are any firearms kept in or around your home? **[FIREARM5]**

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

SA18.2. Are any of these firearms now loaded? **[GUNLOAD]**

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



- SA18.3.** Are any of these loaded firearms also unlocked? By “unlocked”, we mean you do not need a key or combination to get the gun or to fire it. We don’t count a safety as a lock. **[GUNLOCK]**
- 1 Yes
 - 2 No

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

State-Added Module 19: Carbon Monoxide

The following questions are about carbon monoxide. Carbon monoxide is a colorless, odorless gas that is poisonous.

- SA19.1.** A carbon monoxide detector is a device that detects the presence of carbon monoxide gas. It may, or may not be, combined with a smoke alarm. Do you have one or more carbon monoxide detectors installed in your home? **[CARBMOXALRM]**

- 1 Yes
- 2 No **[Go to SA19.3]**

- 7 Don’t know/Not sure **[Go to SA19.3]**
- 9 Refused **[Go to SA19.3]**

- SA19.2.** In the past 12 months, did you, or someone else, on purpose test all of the carbon monoxide detectors in your home, either by pressing the test button or by using a commercial carbon monoxide detector test kit? Would you say...? **[CMOXALRMTST]**

Read:

- 1 Yes, all
 - 2 Yes, some
- or**
- 3 None

Don’t read:

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

- SA19.3.** Has a doctor or other health professional ever talked with you about the dangers of carbon monoxide? **[DRTLKCMOX]**

- 1 Yes
- 2 No

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



- SA19.4.** Has a doctor or other health professional ever talked with you how to reduce your risk of accidental exposure to carbon monoxide? **[DRCMOXRISK]**
- 1 Yes
 - 2 No

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

State-Added Module 20: Suicide

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

- SA20.1.** Has there been a time, in the past 12 months, when you thought of taking your own life? **[THNKSUICIDE]**
- 1 Yes
 - 2 No **[Go to Module Closing]**

 - 7 Don't know / Not sure **[Go to Module Closing]**
 - 9 Refused **[Go to Module Closing]**
- SA20.2.** During the past 12 months, did you attempt suicide? **[SUICIDEATMPT]**
- 1 Yes
 - 2 No

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

Module Closing:

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

CLOSING

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