

1997 Maryland BRFS Questionnaire Administration

The 1997 BRFS Questionnaire has been programmed differently this year. All respondents will be asked the standard CDC core questionnaire (i.e., up to Question # 77). Five Maryland state-added modules are included in the survey this year: Sexual Behaviors, Fruits and Vegetables, Social Context, Pill Supplements, and Oral Health. These state-added modules will not be asked to everyone surveyed. The software has been programmed to administer the Sexual Behavior, Fruits and Vegetables, and Social Context (Program A) approximately 50% of the time and administer the Pill Supplement and Oral Health (Program B) modules the other half of the time. The core survey will include the HIV/AIDS questions and be asked at the end of the core to everyone under the age of 65 years. When Program A is in effect, both the HIV/AIDS and Sexual Behavior questions should appear at the end of the survey and be asked of the population over 50 years off age.

1997 BRFSS Questionnaire

FIPS STATE CODE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	ID
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(1-2)	(3)	(4-8)	(9)	(10-15)	(16-17)

HELLO, I'm _____ calling for the _____.
 We're doing a study of the health practices of _____ residents.
 Your phone number has been chosen randomly by the _____ to be
 included in the study, and we'd like to ask some questions about things people do which may affect
 their health.

Is this _____ _____

Area code (18-20)
Prefix (21-23)
Suffix (24-25)

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

Is this a private residence?

Thank you very much, but we are only interviewing private residences. STOP

	Date	Time	Time	Time	Comments
Line busy <input checked="" type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>
	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>
No answer <input checked="" type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>
	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>

Appointments:

	Today's date/time	Spoke with	Ask for	Callback date/time	ID	Comments
1.	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
2.	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

Refusals:

	Date/time	Spoke with	ID	Comments
1st	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
2nd	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

Call Disposition Codes	
01 - Completed interview. 02 - Refused interview. 03 - Nonworking number. 04 - Ring, no answer. 05 - Not a private residence. 06 - No eligible respondent at this number.	07 - Selected respondent not available during the interviewing period. 08 - Language barrier. 09 - Interview terminated within questionnaire. 10 - Line busy. 11 - Selected respondent unable to communicate due to physical or mental impairment.

Edited by: _____

Date: / /

Final disposition of telephone call:

(26-27)

Wind down:

(28)

Our study requires that we 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? (29-30)

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Go to page 3

If "no" May I speak with him or her? Go to "correct respondent" at bottom of page

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

(31)

(32)

Who is the oldest man who presently lives in this household?
 Who is the next oldest man who presently lives in this household?
 Etc.

Who is the oldest woman who presently lives in this household?
 Who is the next oldest woman who presently lives in this household?
 Etc.

Suffix: _____

Last digit of phone number

		Last digit of phone number										
		0	1	2	3	4	5	6	7	8	9	
Total adults	1. _____	1	1	1	1	1	1	1	1	1	1	Total adults
	2. _____	2	1	2	1	2	1	2	1	2	1	
	3. _____	3	1	2	3	1	2	3	1	2	X	
	4. _____	1	2	3	4	1	2	3	4	X	X	
	5. _____	2	3	4	5	1	2	3	4	5	1	
	6. _____	5	6	1	2	3	4	X	X	X	X	
	7. _____	2	3	4	5	6	7	1	X	X	X	
	8. _____	8	1	2	3	4	5	6	7	X	X	

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

If "you," go to page 3

To correct respondent Hello, I'm _____ calling for the _____. I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is: (33)

Please Read

	a. Excellent	1
	b. Very good	2
	c. Good	3
	d. Fair	4
	or	
	e. Poor	5
Do not read these responses	Don't know/Not Sure	7
	Refused	9

2. 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? (34-35)

a. Number of days	___
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

3. 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? (36-37)

- a. Number of days — —
- b. None *If Q. 2 also "None," go to Q. 5 (p. 5)* 8 8
- Don't know/Not sure 7 7
- Refused 9 9

4. 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? (38-39)

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

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (40)

- a. Yes 1
- b. No *Go to Q. 7b (p. 7)* 2
- Don't know/Not sure *Go to Q. 12 (p. 9)* 7
- Refused *Go to Q. 12 (p. 9)* 9

6. Do you have Medicare? (41)

**Medicare is a
coverage plan
for people 65
or over and
for certain
disabled
people**

- a. Yes *Go to Q. 8 (p. 7)* 1
- b. No 2
- Don't know/not sure 7
- Refused 9

7a. What type of health care coverage do you use to pay for most of your medical care? (42-43)

Is it coverage through:	<i>Please Read</i>	
a. Your employer	<i>Go to Q. 8 (p. 7)</i>	0 1
b. Someone else's employer	<i>Go to Q. 8 (p. 7)</i>	0 2
c. A plan that you or someone else buys on your own	<i>Go to Q. 8 (p. 7)</i>	0 3
d. Medicare	<i>Go to Q. 8 (p. 7)</i>	0 4
e. Medicaid or Medical Assistance	<i>[or substitute state program name] Go to Q. 8 (p. 7)</i>	0 5
f. The military, CHAMPUS, or the VA	<i>[or CHAMP-VA] Go to Q. 8 (p. 7)</i>	0 6
g. The Indian Health Service	<i>[or the Alaska Native Health Service] Go to Q. 8 (p. 7)</i>	0 7
or		
h. Some other source	<i>Go to Q. 8 (p. 7)</i>	0 8
None	<i>Go to Q. 11 (p. 9)</i>	8 8
Don't know/Not sure	<i>Go to Q. 8 (p. 7)</i>	7 7
Refused	<i>Go to Q. 8 (p. 7)</i>	9 9

Do not
read these
responses

- 7b. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (44-45)

Coverage through: *Please Read*

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [for substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [for CHAMP-VA]	0 6
	g. The Indian Health Service [for the Alaska Native Health Service]	0 7
	h. Some other source	0 8
Do not read these responses	None Go to Q. 11 (p. 9)	8 8
	Don't know/Not sure Go to Q. 12 (p. 9)	7 7
	Refused Go to Q. 12 (p. 9)	9 9

8. About how long have you had [fill in type (Medicare/Medicaid/this particular health care coverage) from Q. 6, Q. 7a, or Q. 7b]? (46)

Read only if necessary

If necessary, say "The coverage you use currently to pay for most of your medical care"	a. For less than 12 months (1 to 12 months)	1
	b. For less than 2 years (1 to 2 years)	2
	c. For less than 3 years (2 to 3 years)	3
	d. For less than 5 years (3 to 5 years)	4
	e. For 5 or more years	5
	Don't know/Not sure	7
	Refused	9

9. Is there a book or list of doctors associated with your *[fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b]* plan? (47)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

If "no" or
"Dk/Ns," probe
"Is there a
certain number
you are supposed
to call to find a
doctor to go to?"

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

10. Does your *[fill in type (Medicare/Medicaid/health coverage) from Q. 6, Q. 7a, or Q. 7b]* plan require you to select a certain doctor or clinic for all of your routine care? (48)

If necessary,
say "The
coverage you
use currently
to pay for
most of your
medical care"

Do not include
emergency care
or referral to
a specialist

- a. Yes *Go to Q. 12 (p. 9)* 1
- b. No *Go to Q. 12 (p. 9)* 2
- Don't know/Not sure *Go to Q. 12 (p. 9)* 7
- Refused *Go to Q. 12 (p. 9)* 9

11. About how long has it been since you had health care coverage? (49)

Read Only if Necessary

- a. Within the past 6 months (1 to 6 months ago) 1
- b. Within the past year (6 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. Within the past 5 years (2 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Never 8
- Refused 9

12. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

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

13. About how long has it been since you last visited a doctor for a routine checkup? (51)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Never 8
- Refused 9

Section 3: Hypertension Awareness

14. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (52)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never <i>Go to Q. 17 (p. 11)</i> | 8 |
| Refused | 9 |
15. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (53)
- | | |
|--|---|
| a. Yes | 1 |
| b. No <i>Go to Q. 17 (p. 11)</i> | 2 |
| Don't know/Not sure <i>Go to Q. 17 (p. 11)</i> | 7 |
| Refused <i>Go to Q. 17 (p. 11)</i> | 9 |
16. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (54)
- | | |
|---------------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

17. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (55)
- a. Yes 1
 - b. No *Go to Q. 20 (p. 12)* 2
 - Don't know/Not sure *Go to Q. 20 (p. 12)* 7
 - Refused *Go to Q. 20 (p. 12)* 9
18. About how long has it been since you last had your blood cholesterol checked? (56)
- Read Only if Necessary*
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure 7
 - Refused 9
19. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (57)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 5: Diabetes

20. Have you ever been told by a doctor that you have diabetes? (58)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 6: Injury Control

21. How often do you use seatbelts when you drive or ride in a car? (59)

Would you say:

Please Read

- a. Always 1
- b. Nearly Always 2
- c. Sometimes 3
- d. Seldom 4
- or**
- e. Never 5
- Don't know/Not sure 7
- Never drive or ride in a car 8
- Refused 9

Do not
read these
responses

22. What is the age of the oldest child in your household under the age of 16? (60-61)

Code <1 yr.
as "01"

- a. Code age in years — —
- b. No children under age 16 *Go to Q. 25 (p. 15)* 8 8
- Don't know/Not sure *Go to Q. 25 (p. 15)* 7 7
- Refused *Go to Q. 25 (p. 15)* 9 9

23. How often does the *[fill in age from Q. 22]*-year-old child in your household use a...
 car safety seat *[for child under 5]*
 seatbelt *[for child 5 or older]*
 ...when they ride in a car? (62)

Would you say:

Please Read

- | | | |
|--|--------------------------------|---|
| Do not
read these
responses | a. Always | 1 |
| | b. Nearly always | 2 |
| | c. Sometimes | 3 |
| | d. Seldom | 4 |
| | or | |
| | e. Never | 5 |
| | Don't know/Not sure | 7 |
| | Never rides in a car | 8 |
| | Refused | 9 |

→ If oldest child is 5 years or older, continue with Q. 24. Otherwise, go to Q. 25 (p. 15).

24. During the past year, how often has the *[fill in age from Q. 22]*-year-old child worn a bicycle
 helmet when riding a bicycle? (63)

Would you say:

Please Read

- | | | |
|--|---------------------------------|---|
| Do not
read these
responses | a. Always | 1 |
| | b. Nearly Always | 2 |
| | c. Sometimes | 3 |
| | d. Seldom | 4 |
| | or | |
| | e. Never | 5 |
| | Don't know/Not sure | 7 |
| | Never rides a bicycle | 8 |
| | Refused | 9 |

25. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (64)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past 6 months (1 to 6 months ago) 2
- c. Within the past year (6 to 12 months ago) 3
- d. One or more years ago 4
- e. Never 5
- f. No smoke detectors in home 6
- Don't know/Not sure 7
- Refused 9

Section 7: Tobacco Use

26. Have you smoked at least 100 cigarettes in your entire life? (65)
- 5 packs
= 100
cigarettes**
- a. Yes 1
 - b. No *Go to Q. 31 (p. 18)* 2
 - Don't know/Not sure *Go to Q. 31 (p. 18)* 7
 - Refused *Go to Q. 31 (p. 18)* 9
27. Do you now smoke cigarettes everyday, some days, or not at all? (66)
- a. Everyday 1
 - b. Some days *Go to Q. 28a* 2
 - c. Not at all *Go to Q. 30 (p. 17)* 3
 - Refused *Go to Q. 31 (p. 18)* 9
28. On the average, about how many cigarettes a day do you now smoke? (67-68)
- 1 pack= 20
cigarettes**
- Number of cigarettes *Go to Q. 29 (p. 17)*
 - Don't know/Not sure *Go to Q. 29 (p. 17)* 7 7
 - Refused *Go to Q. 29 (p. 17)* 9 9
- 28a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (69-70)
- 1 pack= 20
cigarettes**
- Number of cigarettes *Go to Q. 31 (p. 18)*
 - Don't know/Not sure *Go to Q. 31 (p. 18)* 7 7
 - Refused *Go to Q. 31 (p. 18)* 9 9

29.	During the past 12 months, have you quit smoking for 1 day or longer?	(71)
	a. Yes <i>Go to Q. 31 (p. 18)</i>	1
	b. No <i>Go to Q. 31 (p. 18)</i>	2
	Don't know/Not sure <i>Go to Q. 31 (p. 18)</i>	7
	Refused <i>Go to Q. 31 (p. 18)</i>	9

30.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(72-73)
-----	--	---------

Read Only if Necessary

a.	Within the past month (0 to 1 month ago)	0 1
b.	Within the past 3 months (1 to 3 months ago)	0 2
c.	Within the past 6 months (3 to 6 months ago)	0 3
d.	Within the past year (6 to 12 months ago)	0 4
e.	Within the past 5 years (1 to 5 years ago)	0 5
f.	Within the past 15 years (5 to 15 years ago)	0 6
g.	15 or more years ago	0 7
	Don't know/Not sure	7 7
	Never smoked regularly	8 8
	Refused	9 9

Section 8: Alcohol Consumption

31. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (74)
- a. Yes 1
 - b. No *Go to Q. 36 (p. 20)* 2
 - Don't know/Not sure *Go to Q. 36 (p. 20)* 7
 - Refused *Go to Q. 36 (p. 20)* 9
32. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (75-77)
- a. Days per week 1 ___
 - b. Days per month 2 ___
 - Don't know/Not sure *Go to Q. 34* 7 7 7
 - Refused *Go to Q. 34* 9 9 9
33. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (78-79)
- Number of drinks ___
 - Don't know/Not sure 7 7
 - Refused 9 9
34. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (80-81)
- a. Number of times ___
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

35. During the past month, how many times have you driven when you've had perhaps too much to drink? (82-83)

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

Section 9: Demographics

36.	What is your age?	(84-85)
	Code age in years	___
	Don't know/Not sure	0 7
	Refused	0 9

37.	What is your race?	(86)
-----	--------------------	------

Would you say:

Please Read

a.	White	1
b.	Black	2
c.	Asian, Pacific Islander	3
d.	American Indian, Alaska Native	4
	or	
e.	Other: (specify) _____	5
	Don't know/Not sure	7
	Refused	9

**Do not
read these
responses**

38.	Are you of Spanish or Hispanic origin?	(87)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

39. Are you: (88)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

40. How many children live in your household who are...

Please Read

- Code 1-9** a. less than 5 years old? (89)
- 7 = 7 or more**
- 8 = None** b. 5 through 12 years old? (90)
- 9 = Refused** c. 13 through 17 years old? (91)
- d. Of the children aged 5-12 who live in your household, how many are 12? (335)

41. What is the highest grade or year of school you completed? (92)

Read Only if Necessary

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

42. Are you currently: (93)

Please Read

- a. Employed for wages 1
- b. Self-employed 2
- c. Out of work for more than 1 year 3
- d. Out of work for less than 1 year 4
- e. Homemaker 5
- f. Student 6
- g. Retired 7
- or
- h. Unable to work 8
- Refused 9

43. Is your annual household income from all sources: (94-95)

Read as Appropriate

- | | |
|--|---|
| If respondent refuses at any income level, code refused | a. Less than \$25,000 <i>If "no," ask e; if "yes," ask b</i>
(\$20,000 to less than \$25,000) 0 4 |
| | b. Less than \$20,000 <i>If "no," code a; if "yes," ask c</i>
(\$15,000 to less than \$20,000) 0 3 |
| | c. Less than \$15,000 <i>If "no," code b; if "yes," ask d</i>
(\$10,000 to less than \$15,000) 0 2 |
| | d. Less than \$10,000 <i>If "no," code c</i> 0 1 |
| | e. Less than \$35,000 <i>If "no," ask f</i>
(\$25,000 to less than \$35,000) 0 5 |
| | f. Less than \$50,000 <i>If "no," ask g</i>
(\$35,000 to less than \$50,000) 0 6 |
| | g. Less than \$75,000 <i>If "no," code h</i>
(\$50,000 to \$75,000) 0 7 |
| | h. \$75,000 or more 0 8 |
| Do not read these responses | Don't know/Not sure 7 7 |
| | Refused 9 9 |

44. About how much do you weigh without shoes? (96-98)

Round fractions up	Weight	_____	pounds
	Don't know/Not sure	7 7 7	
	Refused	9 9 9	

45. About how tall are you without shoes? (99-101)

Round fractions down	Height	____/____	ft/inches
	Don't know/Not sure	7 7 7	
	Refused	9 9 9	

46. What county do you live in? (102-104)

FIPS county code	_____
Don't know/not sure	7 7 7
Refused	9 9 9

47. Do you have more than one telephone number in your household? (105)

a. Yes	1
b. No <i>Go to Q. 49</i>	2
Refused <i>Go to Q. 49</i>	9

48. How many residential telephone numbers do you have? (106)

Exclude ded- icated fax and computer lines	Total telephone numbers [<i>8=8 or more</i>]	_____
	Refused	9

Now I have some questions about other health services you may have received.

49. Indicate sex of respondent. *Ask Only if Necessary* (107)

Male <i>Go to Q. 61 (p. 28)</i>	1
Female	2

Section 10: Women's Health

50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (108)
- a. Yes 1
 - b. No *Go to Q. 52c* 2
 - Don't know/Not sure *Go to Q. 52c* 7
 - Refused *Go to Q. 52c* 9
51. How long has it been since you had your last mammogram? (109)
- Read only if Necessary*
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
- 51a. What is the most important reason that you never had a mammogram in the last year? (336)
- Do Not Read List. Record Only One Answer*
- a. Not recommended by doctor/ doctor never said it was needed . . . 1
 - b. Not needed/ not necessary 2
 - c. Never heard of mammogram 3
 - d. Cost 4
 - e. No insurance to pay for it 5
 - f. Other 6
 - Don't know/Not sure 7
 - Refused 9

51b. About how many mammograms have you had in the last five years? (337-338)

- Number of mammograms _____
- None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

52. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (110)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

52a. Whose idea was it for you to have this last mammogram – was it your idea, your doctor's idea, or someone else's idea? (339)

- a. Respondent's idea 1
- b. Doctor's idea 2
- c. Someone else's idea 3
- Don't know/ Not sure 7
- Refused 9

Probe for the most influential. Record only one response

52b. Was this your first mammogram? (340)

- a. Yes **Go to Q.53** 1
- b. No **Go to Q.53** 2
- Don't know/Not sure **Go to Q.53** 7
- Refused **Go to Q.53** 9

52c. What is the most important reason that you never had a mammogram? (336)

Do Not Read List. Record Only One Answer

- a. Not recommended by doctor/ doctor never said it was needed . . . 1
- b. Not needed/ not necessary 2
- c. Never heard of mammogram 3
- d. Cost 4
- e. No insurance to pay for it 5
- f. Other 6
- Don't know/Not sure 7
- Refused 9

53. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (111)

- a. Yes 1
- b. No *Go to Q. 56 (p. 26)* 2
- Don't know/Not sure *Go to Q. 56 (p. 26)* 7
- Refused *Go to Q. 56 (p. 26)* 9

54. How long has it been since your last breast exam? (112)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

55. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (113)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
56. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (114)
- a. Yes 1
 - b. No *Go to Q. 59 (p. 27)* 2
 - Don't know/Not sure *Go to Q. 59 (p. 27)* 7
 - Refused *Go to Q. 59 (p. 27)* 9
57. How long has it been since you had your last Pap smear? (115)
- Read Only if Necessary*
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

58. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (116)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

59. Have you had a hysterectomy? (117)

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

- a. Yes *Go to Q. 61 (p. 28)* 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

→If respondent 45 years old or older, go to Q. 61 (p. 28).

60. To your knowledge, are you now pregnant? (118)

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

Section 11: Immunization

61. During the past 12 months, have you had a flu shot? (119)

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

62. Have you ever had a pneumonia vaccination? (120)

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

Section 12: Colorectal Cancer Screening

→ If respondent is 40 years or older, continue with Q. 63. Otherwise, go to Section 13: HIV/AIDS (p. 31).

63. 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? (121)
- a. Yes 1
 - b. No *Go to Q. 65* 2
 - Don't know/Not sure *Go to Q. 65* 7
 - Refused *Go to Q. 65* 9

64. When did you have your last blood stool test using a home kit? (122)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 5 years (2 to 5 years ago) 3
 - d. 5 or more years ago 4
 - Don't know/Not sure 7
 - Refused 9
65. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (123)
- a. Yes 1
 - b. No *Go to Section 13: HIV/AIDS (p. 31)* 2
 - Don't know/Not sure *Go to Section 13: HIV/AIDS (p. 31)* 7
 - Refused *Go to Section 13: HIV/AIDS (p. 31)* 9

66. When did you have your last sigmoidoscopy or proctoscopy?

(124)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

Section 13: HIV/AIDS

→ If respondent is 65 years old or older, go to Closing Statement.

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 don't want to.

67. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (125-126)
- | | |
|-------------------------------|--|
| Code 01
through 12 | <p>a. Grade — —</p> <p>b. Kindergarten 5 5</p> <p>c. Never 8 8</p> <p> Don't know/Not sure 7 7</p> <p> Refused 9 9</p> |
|-------------------------------|--|
68. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (127)
- | | | |
|-------------------------|-------|---|
| a. Yes | | 1 |
| b. No | | 2 |
| Would give other advice | | 3 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

	69.	What are your chances of getting infected with HIV, the virus that causes AIDS?	(128)
		Would you say:	<i>Please Read</i>
		a. High	1
		b. Medium	2
		c. Low	3
		or	
		d. None	4
Do not read these responses		Not applicable <i>Go to Q. 71 (p. 33)</i>	5
		Don't know/Not sure	7
		Refused	9
	70.	Have you ever had your blood tested for HIV?	(129)
		a. Yes <i>Go to Q. 71 (p. 33)</i>	1
		b. No	2
		Don't know/Not sure	7
		Refused	9
	71a.	Have you donated blood since March 1985?	(130)
		a. Yes	1
		b. No <i>Go to Q. 76 (p. 35)</i>	2
		Don't know/Not sure <i>Go to Q. 76 (p. 35)</i>	7
		Refused <i>Go to Q. 76 (p. 35)</i>	9
	72a.	When did you last donate blood?	(131-134)
		Code month and year <i>Go to Q. 76 (p. 35)</i>	____/____
		Don't know/Not sure <i>Go to Q. 76 (p. 35)</i>	7 7 7 7
		Refused <i>Go to Q. 76 (p. 35)</i>	9 9 9 9

71. When was your last blood test for HIV?	(135-138)
Code month and year	___/___
Don't know/Not sure	7 7 7 7
Refused	9 9 9 9

72. What was the main reason you had your last blood test for HIV?	(139-140)
Reason code	___

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process <i>Go to Q. 76 (p. 35)</i>	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

73. Where did you have your last blood test for HIV? (141-142)

Facility Code

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

74. Did you receive the results of your last test? (143)
- a. Yes 1
 - b. No *Go to Q. 76* 2
 - Don't know/Not sure *Go to Q. 76* 7
 - Refused *Go to Q. 76* 9
75. Did you receive counseling or talk with a health care professional about the results of your test? (144)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
76. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.
- Due to what you know about HIV, have you changed your sexual behavior in the past 12 months? (145)
- a. Yes 1
 - b. No *Go to Closing Statement* 2
 - Don't know/Not sure *Go to Closing Statement* 7
 - Refused *Go to Closing Statement* 9
77. Did you make any of the following changes in the past 12 months?
- | <i>Please Read</i> | <u>Yes</u> | <u>No</u> | <u>Dk/Ns</u> | <u>Ref</u> | |
|---|------------|-----------|--------------|------------|-------|
| a. Did you decrease the number of your sexual partners or become abstinent? ... | 1 | 2 | 7 | 9 | (146) |
| b. Do you now have sexual intercourse with only the same partner? | 1 | 2 | 7 | 9 | (147) |
| c. Do you now always use condoms for protection? | 1 | 2 | 7 | 9 | (148) |

Closing Statement

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

or

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 2: Sexual Behavior

→ If respondent 50 years old or older, go to next module

1. During the past twelve months, with how many people have you had sexual intercourse? (169-170)
- a. Number
 - b. None *Go to Next Module* 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9
2. Was a condom used the last time you had sexual intercourse? (171)
- a. Yes 1
 - b. No *Go to Q. 4* 2
 - Don't know/Not sure *Go to Q. 4* 7
 - Refused *Go to Q. 4* 9
3. The last time you had sexual intercourse, was the condom used ... (172)
- Please Read*
- a. To prevent pregnancy 1
 - b. To prevent diseases like syphilis, gonorrhea,
 and AIDS 2
 - c. For both of these reasons 3
 - or**
 - d. For some other reason 4
 - Don't know/Not sure 7
 - Refused 9
- Do not read these responses

4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? (173)

Would you say:

Please Read

Do not
read these
responses

- a. Very effective 1
- b. Somewhat effective 2
- or**
- c. Not at all effective 3
- Don't know how effective 4
- Don't know method 5
- Refused 9

5. How many new sex partners did you have during the past twelve months? (174-175)

A new sex
partner is
someone
the respon-
dent had sex
with for the
first time in
the past 12
months

- a. Number [*76 = 76 or more*] ___
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

6. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You Don't 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 tested positive for having HIV, the virus that causes AIDS

You had anal sex without a condom in the past year

Do any of these situations apply to you? (176)

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

7. In the past five years, have you been treated for a sexually transmitted or venereal disease? (177)

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

8. Were you treated at a health department STD clinic? (178)

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

Module 10: Fruits and Vegetables

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

1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (253-255)
 - a. Per day 1
 - b. Per week 2
 - c. Per month 3
 - d. Per year 4
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

2. Not counting juice, how often do you eat fruit? (256-258)
 - a. Per day 1
 - b. Per week 2
 - c. Per month 3
 - d. Per year 4
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

3. How often do you eat green salad? (259-261)
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9
4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (262-264)
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9
5. How often do you eat carrots? (265-267)
- a. Per day 1 _ _
 - b. Per week 2 _ _
 - c. Per month 3 _ _
 - d. Per year 4 _ _
 - e. Never 5 5 5
 - Don't know/Not sure 7 7 7
 - Refused 9 9 9

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(268-270)

Example:
A serving of
vegetables at
both lunch
and dinner
would be two
servings

- | | | | |
|---------------------------|---|---|---|
| a. Per day | 1 | — | — |
| b. Per week | 2 | — | — |
| c. Per month | 3 | — | — |
| d. Per year | 4 | — | — |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

Module 15: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

Would you say:

Please Read

- a. Extremely safe 1
- b. Quite safe 2
- c. Slightly safe 3
- d. Not at all safe 4
- Don't know/Not sure 7
- Refused 9

2. Do you own or rent your home? (321)

- a. Own 1
- b. Rent 2
- Refused 9

3. How long have you lived at your current address? (322)

Read Only if Necessary

- a. Less than six months (1 to 6 months) 1
- b. Less than one year (6 to 12 months) 2
- c. Less than two years (1 to 2 years) 3
- d. 2 or more years 4
- Don't know/Not sure 7
- Refused 9

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)
- a. 3 or more 1
 - b. 2 2
 - c. 1 3
 - d. None 4
 - Don't know/Not Sure 7
 - Refused 9
5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)
- a. Yes 1
 - b. No 2
 - Don't know/Not Sure 7
 - Refused 9

Module 5: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic? (197)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) *Go to Q. 3* 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure *Go to Q. 3* 7
- Never 8
- Refused *Go to Q. 3* 9

2. What is the main reason you have not visited the dentist in the last year? (198-199)

Reason code _____

Read only if necessary

- a. Fear, apprehension, nervousness, pain, dislike going 0 1
- b. Cost 0 2
- c. Do not have/know a dentist 0 3
- d. Cannot get to the office/clinic (too far away,
no transportation, no appointments available) 0 4
- e. No reason to go (no problems, no teeth) 0 5
- f. Other priorities 0 6
- g. Have not thought of it 0 7
- h. Other 0 8
- Don't know/Not sure 7 7
- Refused 9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease?
Do not include teeth lost for other reasons, such as injury or orthodontics. (200)
- a. 5 or fewer 1
 - b. 6 or more but not all 2
 - c. All 3
 - d. None 8
 - Don't know/Not sure 7
 - Refused 9
4. 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? (201)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Pill Module

If respondent 40 years old or older, continue with Q.1. Otherwise, go to Q.5.

1. Do you take aspirin regularly for any reason?

- a. Yes1
- b. No **Go to Q.3** 2
- Don't know/Not sure **Go to Q.3** 7
- Refused **Go to Q.3**9

2. Why do you take aspirin regularly?

Please Read

	Yes	No	Dk/Ns	Ref
a. To reduce the change of a heart attack	1	2	7	9
b. To reduce the chance of a stroke	1	2	7	9
c. To relieve the pain	1	2	7	9

3. Has a doctor ever told you that you had any of the following?

Please Read

	Yes	No	Dk/Ns	Ref
a. Heart attack or myocardial infarction	1	2	7	9
b. Angina or coronary heart disease	1	2	7	9
c. Stroke	1	2	7	9

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

- a. Yes1
- b. No **Go to Q.3** 2
- Don't know/Not sure **Go to Q.3** 7
- Refused **Go to Q.3**9

5. During the past month did you take any multi-vitamin supplements?
- a. Yes – but only occasionally/less than half of the days1
 - b. Yes – on most days but not every day2
 - c. Yes – everyday3
 - d. No4
 - Don't know/Not sure7
 - Refused9
6. During the past month did you take any supplements containing only vitamin C?
- a. Yes – but only occasionally/less than half of the days1
 - b. Yes – on most days but not every day2
 - c. Yes – everyday3
 - d. No4
 - Don't know/Not sure7
 - Refused9
7. During the past month did you take any supplements containing only vitamin E?
- a. Yes – but only occasionally/less than half of the days1
 - b. Yes – on most days but not every day2
 - c. Yes – everyday3
 - d. No4
 - Don't know/Not sure7
 - Refused9

8. During the past month did you take any supplements containing only beta carotene?

- a. Yes – but only occasionally/less than half of the days1
- b. Yes – on most days but not every day2
- c. Yes – everyday3
- d. No4
- Don't know/Not sure7
- Refused9

9. During the past month did you take any supplements containing only calcium, or any antacids with calcium such as Tums or calcium-rich Rolaids?

- a. Yes – but only occasionally/less than half of the days1
- b. Yes – on most days but not every day2
- c. Yes – everyday3
- d. No4
- Don't know/Not sure7
- Refused9

If respondent is female and 35 years old or older, continue with 10. Otherwise, go to next module.

Estrogens such as Premarin and progestins such as Provera are female hormones that may be taken after hysterectomy, around the time of menopause, or after menopause. Some women refer to menopause as the change of life.

10. Are you currently taking estrogen?

- a. Yes1
- b. No **Go to Next Module**2
- Don't know/Not sure **Go to Next Module**. 7
- Refused **Go to Next Module**.9

11. About how long have you been taking estrogen continuously?
- a. Number of months1 _____
 - b. Number of years2 _____
 - Don't know/not sure7 7 7
 - Refused9 9 9

12. Why are you taking estrogen?

Please Read

- | | Yes | No | Dk/Ns | Ref |
|---|-----|----|-------|-----|
| a. To prevent a heart attack | 1 | 2 | 7 | 9 |
| b. To treat or prevent bone thinning,
bone loss, or osteoporosis | 1 | 2 | 7 | 9 |
| c. To treat symptoms of menopause,
such as hot flashes or night sweats | 1 | 2 | 7 | 9 |

13. During the times when you take estrogen, are you also taking progestin or other female hormones?

- a. Yes1
- b. No2
- Don't know/Not sure 7
- Refused9

14. About how long have you been taking progestin or other female hormones continuously?

Code in months
or years

- a. Number of months1 _____
- b. Number of years2 _____
- Don't know/not sure7 7 7
- Refused9 9 9