

# 1998 BRFSS Questionnaire

FIPS STATE CODE	GEOGRAPHIC STRATUM CODE	HOUSEHOLD DENSITY STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF FINAL DISPOSITION	INTERVIEWER ID
MM DD YY						
(1-2)	(3-4)	(5)	(6-10)	(11)	(12-17)	(18-19)

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	Prefix	Suffix
(20-22)	(23-25)	(26-27)

 \_\_\_\_\_  **No** *Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. STOP*

Is this a private residence?  **No** *Thank you very much, but we are only interviewing private residences. STOP*

	Date	Time	Time	Time	Comments
<input type="radio"/> Line busy	_____	_____	_____	_____	
<input type="radio"/>	_____	_____	_____	_____	
<input type="radio"/>	_____	_____	_____	_____	
<input checked="" type="radio"/> No answer	_____	_____	_____	_____	
<input type="radio"/>	_____	_____	_____	_____	

**Appointments:**

	Today's date/time	Spoke with	Ask for	Callback date/time	ID	Comments
1.	_____	_____	_____	_____	_____	
2.	_____	_____	_____	_____	_____	

**Refusals:**

	Date/time	Spoke with	ID	Comments
1st	_____	_____	_____	
2nd	_____	_____	_____	

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

Edited by: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Final disposition of telephone call: 

(28-29)
---------

  
 Wind down: 

(30)
------

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?

(31-32)	

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
(33)

Women
(34)

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													
		0	1	2	3	4	5	6	7	8	9				
Total adults	1.	_____	1	1	1	1	1	1	1	1	1	1	1	1	Total adults
	2.	_____	2	1	2	1	2	1	2	1	2	1	2	1	
	3.	_____	3	1	2	3	1	2	3	1	2	X	X	X	
	4.	_____	1	2	3	4	1	2	3	4	X	X	X	X	
	5.	_____	2	3	4	5	1	2	3	4	5	1	1	1	
	6.	_____	5	6	1	2	3	4	X	X	X	X	X	X	
	7.	_____	2	3	4	5	6	7	1	X	X	X	X	X	
	8.	_____	8	1	2	3	4	5	6	7	X	X	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: (35)

*Please Read*

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

**Do not  
read these  
responses**

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? (36-37)

- 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? (38-39)
- a. Number of days ..... — —
  - b. None *If Q2 also "None," go to Q5 (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? (40-41)
- 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? (42)
- a. Yes ..... 1
  - b. No *Go to Q7a (p. 7)* ..... 2
  - Don't know/Not sure *Go to Q10 (p. 8)* ..... 7
  - Refused *Go to Q10 (p. 8)* ..... 9
6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)
- a. Yes *Go to Q10 (p. 8)* ..... 1
  - b. No ..... 2
  - Don't know/not sure ..... 7
  - Refused ..... 9

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

Is it coverage through: Coverage Code \_\_\_\_\_

*Please Read*

- a. Your employer *Go to Q8 (p. 8)* ..... 0 1
- b. Someone else's employer *Go to Q8 (p. 8)* ..... 0 2
- c. A plan that you or someone else buys on  
your own *Go to Q8 (p. 8)* ..... 0 3
- d. Medicare *Go to Q10 (p. 8)* ..... 0 4
- e. Medicaid or Medical Assistance *[for substitute state program name]*  
*Go to Q8 (p. 8)* ..... 0 5
- f. The military, CHAMPUS, TriCare, or the VA  
*[for CHAMP-VA] Go to Q8 (p. 8)* ..... 0 6
- g. The Indian Health Service *[for the Alaska Native Health Service]*  
*Go to Q8 (p. 8)* ..... 0 7
- or
- h. Some other source *Go to Q8 (p. 8)* ..... 0 8
- None *Go to Q9 (p. 8)* ..... 8 8
- Don't know/Not sure *Go to Q8 (p. 8)* ..... 7 7
- Refused *Go to Q8 (p. 8)* ..... 9 9

**Do not  
read these  
responses**

- 7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (46-47)

Coverage through: Coverage Code .....

*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 *Go to Q10 (p. 8)* ..... 0 4
- e. Medicaid or Medical Assistance *[for substitute state program name]* ..... 0 5
- f. The military, CHAMPUS, TriCare, or the VA *[for CHAMP-VA]* ..... 0 6
- g. The Indian Health Service *[for the Alaska Native Health Service]* ..... 0 7
- or
- h. Some other source ..... 0 8
- None *Go to Q9 (p. 8)* ..... 8 8
- Don't know/Not sure *Go to Q10 (p. 8)* ..... 7 7
- Refused *Go to Q10 (p. 8)* ..... 9 9

**Do not read these responses**

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)
- a. Yes *Go to Q10* ..... 1
  - b. No *Go to Q10* ..... 2
  - Don't know/Not sure *Go to Q10* ..... 7
  - Refused *Go to Q10* ..... 9
9. 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
10. 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



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

*Read Only if Necessary*

**A routine  
checkup is a  
general phys-  
ical exam, not  
an exam for  
a specific  
injury, ill-  
ness, or con-  
dition**

- 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: Diabetes

12. Have you ever been told by a doctor that you have diabetes? (52)

**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





21. How many times per week or per month did you take part in this activity? (71-73)
- a. Times per week ..... 1 \_ \_
  - b. Times per month ..... 2 \_ \_
  - Don't know/Not sure ..... 7 7 7
  - Refused ..... 9 9 9

22. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)
- Hours and minutes ..... \_ : \_ \_
  - Don't know/Not sure ..... 7 7 7
  - Refused ..... 9 9 9

## Section 5: Tobacco Use

23. Have you smoked at least 100 cigarettes in your entire life? (77)
- 5 packs = 100 cigarettes**
- a. Yes ..... 1
  - b. No *Go to Q28 (p. 16)* ..... 2
  - Don't know/Not sure *Go to Q28 (p. 16)* ..... 7
  - Refused *Go to Q28 (p. 16)* ..... 9
24. Do you now smoke cigarettes everyday, some days, or not at all? (78)
- a. Everyday ..... 1
  - b. Some days *Go to Q25a* ..... 2
  - c. Not at all *Go to Q27 (p. 15)* ..... 3
  - Refused *Go to Q28 (p. 16)* ..... 9
25. On the average, about how many cigarettes a day do you now smoke? (79-80)
- 1 pack = 20 cigarettes**
- Number of cigarettes [*76 = 76 or more*] ..... \_\_\_
  - Go to Q26 (p. 15)* ..... \_\_\_
  - Don't know/Not sure *Go to Q26 (p. 15)* ..... 7 7
  - Refused *Go to Q26 (p. 15)* ..... 9 9
- 25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81-82)
- 1 pack = 20 cigarettes**
- Number of cigarettes [*76 = 76 or more*] ..... \_\_\_
  - Go to Q28 (p. 16)* ..... \_\_\_
  - Don't know/Not sure *Go to Q28 (p. 16)* ..... 7 7
  - Refused *Go to Q28 (p. 16)* ..... 9 9

26.	During the past 12 months, have you quit smoking for 1 day or longer?	(83)
	a. Yes <i>Go to Q28 (p. 16)</i> .....	1
	b. No <i>Go to Q28 (p. 16)</i> .....	2
	Don't know/Not sure <i>Go to Q28 (p. 16)</i> .....	7
	Refused <i>Go to Q28 (p. 16)</i> .....	9

27.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(84-85)
	Time code .....	---

***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

28. Have you ever smoked a cigar, even just a few puffs? (86)

**Cigar =  
large cigar  
cigarillo,  
or small cigar**

- a. Yes ..... 1
- b. No *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 2
- Don't know/Not sure *Go to Section 6: Fruits and Vegetables (p. 18)* .... 7
- Refused *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 9

29. When was the last time you smoked a cigar? (87-88)

Time code .....     

*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)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 2
- c. Within the past 6 months (3 to 6 months ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 3
- d. Within the past year (6 to 12 months ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 4
- e. Within the past 5 years (1 to 5 years ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 5
- f. Within the past 15 years (5 to 15 years ago)  
*Go to Section 6: Fruits and Vegetables (p. 18)* ..... 0 6
- g. 15 or more years ago *Go to Section 6: Fruits and Vegetables (p. 18)* ... 0 7
- Don't know/not sure *Go to Section 6: Fruits and Vegetables (p. 18)* .... 7 7
- Refused *Go to Section 6: Fruits and Vegetables (p. 18)* ..... 9 9



30. In the past month, did you smoke cigars: (89)

*Please Read*

- a. Everyday ..... 1
- b. Several times per week ..... 2
- c. Once per week ..... 3
- or**
- d. Less than once per week ..... 4
- Don't know/Not sure ..... 7
- Refused ..... 9

**Do not  
read these  
responses**

## Section 6: 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.

31. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)
- 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
32. Not counting juice, how often do you eat fruit? (93-95)
- 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

33. How often do you eat green salad? (96-98)
- 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
34. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (99-101)
- 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
35. How often do you eat carrots? (102-104)
- 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

36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?  
(105-107)

**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 |

**Section 7: Weight Control**

37. Are you now trying to lose weight? (108)

- a. Yes *Go to Q39* ..... 1
- b. No ..... 2
- Don't know/Not sure ..... 7
- Refused ..... 9

38. Are you now trying to maintain your current weight, that is to keep from gaining weight? (109)

- a. Yes ..... 1
- b. No *Go to Q41 (p. 22)* ..... 2
- Don't know/Not sure *Go to Q41 (p. 22)* ..... 7
- Refused *Go to Q41 (p. 22)* ..... 9

39. Are you eating either fewer calories or less fat to... (110)

lose weight? [*if "Yes" on Q37*]

keep from gaining weight? [*if "Yes" on Q38*]

- a. Yes, fewer calories ..... 1
- b. Yes, less fat ..... 2
- c. Yes, fewer calories and less fat ..... 3
- d. No ..... 4
- Don't know/Not sure ..... 7
- Refused ..... 9

**Probe  
for  
which**

	40. Are you using physical activity or exercise to...	
	lose weight? <i>[if "Yes" on Q37]</i>	
	keep from gaining weight? <i>[if "Yes" on Q38]</i>	(111)
	a. Yes .....	1
	b. No .....	2
	Don't know/Not sure .....	7
	Refused .....	9
	41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?	(112)
<b>Probe for which</b>	a. Yes, lose weight .....	1
	b. Yes, gain weight .....	2
	c. Yes, maintain current weight .....	3
	d. No .....	4
	Don't know/Not sure .....	7
	Refused .....	9
	42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications.	(113)
<b>Include only pills taken for the primary purpose of losing weight</b>		
<b>Probe for which</b>	a. Yes, I am currently taking them .....	1
	b. Yes, I have taken them but I am not currently taking them .....	2
	c. No, I have not taken them <i>Go to Q44 (p. 24)</i> .....	3
	Don't know/Not sure <i>Go to Q44 (p. 24)</i> .....	7
	Refused <i>Go to Q44 (p. 24)</i> .....	9

43. How much did you weigh just before you started taking prescription weight loss pills for the first time? (114-116)

**Round  
fractions  
up**

Weight .....	_____	pounds
Don't know/Not sure .....	7 7 7	
Refused .....	9 9 9	

## Section 8: Demographics

44. What is your age? (117-118)

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

45. What is your race? (119)

Would you say: *Please Read*

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

**Do not  
read these  
responses**

46. Are you of Spanish or Hispanic origin? (120)

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



47. Are you: (121)

*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

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

*Please Read*

**Code 1-9**  
**7 = 7 or more**  
**8 = None**  
**9 = Refused**

- a. less than 5 years old? ..... \_ (122)
- b. 5 through 12 years old? ..... \_ (123)
- c. 13 through 17 years old? ..... \_ (124)

49. What is the highest grade or year of school you completed? (125)

*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

50. Are you currently: (126)

*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

51. Is your annual household income from all sources: (127-128)

*Read as Appropriate*

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

	52. About how much do you weigh without shoes?	(129-131)
<b>Round fractions up</b>	Weight .....	$\frac{\quad}{\text{pounds}}$
	Don't know/Not sure .....	7 7 7
	Refused .....	9 9 9
	53. How much would you like to weigh?	(132-134)
	Weight .....	$\frac{\quad}{\text{pounds}}$
	Don't know/Not sure .....	7 7 7
	Refused .....	9 9 9
	54. About how tall are you without shoes?	(135-137)
<b>Round fractions down</b>	Height .....	$\frac{\quad}{\text{ft/inches}}$
	Don't know/Not sure .....	7 7 7
	Refused .....	9 9 9
	55. What county do you live in? .....	(138-140)
	FIPS county code .....	_____
	Don't know/not sure .....	7 7 7
	Refused .....	9 9 9
	56. Do you have more than one telephone number in your household?	(141)
	a. Yes .....	1
	b. No <i>Go to Q58 (p. 28)</i> .....	2
	Refused <i>Go to Q58 (p. 28)</i> .....	9

57. How many residential telephone numbers do you have? (142)

**Exclude dedicated fax and computer lines**

Total telephone numbers [*8 = 8 or more*] ..... —  
Refused ..... 9

58. Indicate sex of respondent. *Ask Only if Necessary* (143)

Male *Go to Section 10: HIV/AIDS (p. 33)* ..... 1  
Female ..... 2

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

**Section 9: Women's Health**

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (144)
- a. Yes ..... 1
  - b. No *Go to Q62 (p. 30)* ..... 2
  - Don't know/Not sure *Go to Q62 (p. 30)* ..... 7
  - Refused *Go to Q62 (p. 30)* ..... 9
60. How long has it been since you had your last mammogram? (145)
- 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

61. 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? (146)
- a. Routine checkup ..... 1
  - b. Breast problem other than cancer ..... 2
  - c. Had breast cancer ..... 3
  - Don't know/Not sure ..... 7
  - Refused ..... 9
62. 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? (147)
- a. Yes ..... 1
  - b. No *Go to Q65 (p. 31)* ..... 2
  - Don't know/Not sure *Go to Q65 (p. 31)* ..... 7
  - Refused *Go to Q65 (p. 31)* ..... 9
63. How long has it been since your last breast exam? (148)
- 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

64. 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? (149)
- a. Routine Checkup ..... 1
  - b. Breast problem other than cancer ..... 2
  - c. Had breast cancer ..... 3
  - Don't know/Not sure ..... 7
  - Refused ..... 9
65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (150)
- a. Yes ..... 1
  - b. No *Go to Q68 (p. 32)* ..... 2
  - Don't know/Not sure *Go to Q68 (p. 32)* ..... 7
  - Refused *Go to Q68 (p. 32)* ..... 9
66. How long has it been since you had your last Pap smear? (151)
- 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

67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)

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

68. Have you had a hysterectomy? (153)

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

- a. Yes *Go to Section 10: HIV/AIDS (p. 33)* ..... 1
- b. No ..... 2
- Don't know/Not sure ..... 7
- Refused ..... 9

→ If respondent 45 years old or older, go to Section 10: HIV/AIDS (p. 33).

69. To your knowledge, are you now pregnant? (154)

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



## Section 10: 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.

70. 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? (155-156)

**Code 01  
through 12**

- a. Grade ..... — —
- b. Kindergarten ..... 5 5
- c. Never ..... 8 8
- Don't know/Not sure ..... 7 7
- Refused ..... 9 9

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

- a. Yes ..... 1
- b. No ..... 2
- Would give other advice ..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

72. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

Would you say: *Please Read*

- a. High ..... 1
- b. Medium ..... 2
- c. Low ..... 3
- or**
- d. None ..... 4
- Not applicable *Go to Q76a (p. 35)* ..... 5
- Don't know/Not sure ..... 7
- Refused ..... 9

**Do not  
read these  
responses**

73. Have you donated blood since March 1985? (159)

- a. Yes ..... 1
- b. No *Go to Q75a (p. 35)* ..... 2
- Don't know/Not sure *Go to Q75a (p. 35)* ..... 7
- Refused *Go to Q75a (p. 35)* ..... 9

74. Have you donated blood in the past 12 months? (160)

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

75. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (161)

- a. Yes *Go to Q76 (p. 35)* ..... 1
- b. No *Go to Closing Statement* ..... 2
- Don't know/Not sure *Go to Closing Statement* ..... 7
- Refused *Go to Closing Statement* ..... 9

**Include  
saliva  
tests**

	75a. Have you ever been tested for HIV?	(162)
<b>Include saliva tests</b>	a. Yes <i>Go to Q76a</i> .....	1
	b. No <i>Go to Closing Statement</i> .....	2
	Don't know/Not sure <i>Go to Closing Statement</i> .....	7
	Refused <i>Go to Closing Statement</i> .....	9
	76. Not including your blood donations, have you been tested for HIV in the past 12 months?	(163)
<b>Include saliva tests</b>	a. Yes <i>Go to Q77 (p. 36)</i> .....	1
	b. No <i>Go to Closing Statement</i> .....	2
	Don't know/Not sure <i>Go to Closing Statement</i> .....	7
	Refused <i>Go to Closing Statement</i> .....	9
	76a. Have you been tested for HIV in the past 12 months?	(164)
<b>Include saliva tests</b>	a. Yes .....	1
	b. No <i>Go to Closing Statement</i> .....	2
	Don't know/Not sure <i>Go to Closing Statement</i> .....	7
	Refused <i>Go to Closing Statement</i> .....	9

77. What was the main reason you had your last test for HIV? (165-166)

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  
***Go to Closing Statement*** ..... 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

78. Where did you have your last test for HIV? (167-168)

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

79. Did you receive the results of your last test? (169)
- 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
80. Did you receive counseling or talk with a health care professional about the results of your test? (170)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

### **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 3: Family Planning

→ If respondent is male or age 45 years old or older, go to next module

The next few questions ask about pregnancy and ways to prevent pregnancy.

→ If pregnant now ("Yes" to core Q69), go to Q2a.

1. Have you been pregnant in the last 5 years? (205)
- a. Yes ..... 1
  - b. No *Go to Q3* ..... 2
  - Don't know/Not sure *Go to Q3* ..... 7
  - Refused *Go to Q3* ..... 9

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (206)

Would you say: *Please Read*

- a. You wanted to be pregnant sooner *Go to Q3* ..... 1
  - b. You wanted to be pregnant later *Go to Q3* ..... 2
  - c. You wanted to be pregnant then *Go to Q3* ..... 3
  - d. You didn't want to be pregnant then or  
    at anytime in the future *Go to Q3* ..... 4
  - e. You don't know *Go to Q3* ..... 7
- Do not read**      Refused *Go to Q3* ..... 9

- 2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (207)

Would you say: *Please Read*

- a. You wanted to be pregnant sooner ..... 1
- b. You wanted to be pregnant later ..... 2
- c. You wanted to be pregnant then ..... 3
- d. You didn't want to be pregnant then or at any time in the future ..... 4
- e. You don't know ..... 7
- Do not read** Refused ..... 9

**→ If respondent had hysterectomy ("Yes" to core Q68) or is pregnant now ("Yes" to core Q69), go to Q6.**

**→ If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.**

3. Are you or your *[fill in (husband/partner) from core Q47]* using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (208)

- a. Yes ..... 1
- b. No *Go to Q5* ..... 2
- c. Not sexually active *Go to Q6* ..... 3
- Don't know/Not sure *Go to Q6* ..... 7
- Refused *Go to Q6* ..... 9



4. What kinds of birth control are you or your *[fill in (husband/partner) from core Q47]* using now?  
(209-210)

Kind Code .....     

*Read Only if Necessary*

**If more than  
one, code  
other and  
specify each  
method code**

- a. Tubes tied (sterilization) *Go to Q6* ..... 0 1
- b. Vasectomy (sterilization) *Go to Q6* ..... 0 2
- c. Pill *Go to Q6* ..... 0 3
- d. Condoms *Go to Q6* ..... 0 4
- e. Foam, jelly, cream *Go to Q6* ..... 0 5
- f. Diaphragm *Go to Q6* ..... 0 6
- g. Norplant *Go to Q6* ..... 0 7
- h. Shots (Depo-Provera) *Go to Q6* ..... 0 8
- i. Withdrawal *Go to Q6* ..... 0 9
- j. Other (specify: \_\_\_\_\_) *Go to Q6* ..... 8 7
- Don't know/Not sure *Go to Q6* ..... 7 7
- Refused *Go to Q6* ..... 9 9

5. What are your reasons for not using any birth control now? (211-212)

Reason Code ..... —

*Read Only if Necessary*

**If more than  
one, code  
other and  
specify each  
method code**

- a. I am not having sex ..... 0 1
- b. I want to get pregnant ..... 0 2
- c. I don't want to use birth control ..... 0 3
- d. My husband or partner doesn't want to use birth control ..... 0 4
- e. I don't think I can get pregnant ..... 0 5
- f. I can't pay for birth control ..... 0 6
- g. Other (specify: \_\_\_\_\_) ..... 8 7
- Don't know/Not sure ..... 7 7
- Refused ..... 9 9

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? (213)

Would you say: *Please Read*

- a. A family planning clinic [*Example: a Planned Parenthood clinic*]  
*Go to Q8* ..... 1
- b. A health department clinic ..... 2
- c. A community health center ..... 3
- d. A private gynecologist ..... 4
- e. A general or family physician ..... 5
- or**
- f. Some other kind of place ..... 8
- Don't know/not sure ..... 7
- Refused ..... 9

**Do not  
read these  
responses**

7. Have you ever used the services at a family planning clinic? (214)

**Example:  
a Planned  
Parenthood  
clinic**

- 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. How long has it been since you used the services at a family planning clinic? (215)

*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

**Module 6: Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic? (235)

*Read Only if Necessary*

- a. Within the past year (1 to 12 months ago) *Go to Q3* ..... 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 Q3* ..... 7
- Never ..... 8
- Refused *Go to Q3* ..... 9

2. What is the main reason you have not visited the dentist in the last year? (236-237)

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. (238)
- 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?  
(239)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

# Maryland Module 1: Sun Exposure

1. How often do you limit your exposure to the sun between the hours of 10:00am and 4:00pm?
  - a. Always .....1
  - b. Nearly always .....2
  - c. Sometime .....3
  - d. Seldom .....4
  - e. Never .....5
  - f. Don't go out in the sun (Go to Q5) .....6
  - Don't know/Not sure .....7
  - Refused .....9
  
2. When outdoors for an hour or more on a **sunny day**, how often do you use a sunscreen lotion with a rating of 15 or higher?
  - a. Always .....1
  - b. Nearly always .....2
  - c. Sometime .....3
  - d. Seldom .....4
  - e. Never .....5
  - f. Don't go out in the sun .....6
  - Don't know/Not sure .....7
  - Refused .....9

3. When outdoors for an hour or more on a **sunny day**, how often do you wear a hat with a broad brim?

- a. Always .....1
- b. Nearly always ..... 2
- c. Sometime ..... 3
- d. Seldom ..... 4
- e. Never ..... 5
- f. Don't go out in the sun ..... 6
- Don't know/Not sure ..... 7
- Refused ..... 9

4. When outdoors for an hour or more on a **sunny day**, how often do you wear protective clothing like a long sleeve shirt and long pants?

- a. Always .....1
- b. Nearly always ..... 2
- c. Sometime ..... 3
- d. Seldom ..... 4
- e. Never ..... 5
- f. Don't go out in the sun ..... 6
- Don't know/Not sure ..... 7
- Refused ..... 9

Ask if respondent has a child aged 12 years or younger (Q # 48a =1-7 or Q#48b=1-7). If no children aged 12 or younger, go to Module 2: HMO Membership.

5. When the youngest child under the age of 13 in your household is outdoors on a sunny day for an hour or more, how often is his or her skin protected from the sun, such as using sunscreens or sunblock or wearing hats or protective clothing.

- a. Always .....1
- b. Nearly always .....2
- c. Sometime ..... 3
- d. Seldom ..... 4
- e. Never ..... 5
- f. Don't go out in the sun ..... 6
- Don't know/Not sure ..... 7
- Refused ..... 9



## Maryland Module 2: HBO Membership

1. Are you a member of **either** a health maintenance organization, that is an HMO, or a managed care organization, that is an MCO?

(Ask if Q #7 = 5 or Q#7a=5, otherwise go to Q#2. All who answer Q #1 skip Q#2.)

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

2. Are you a member of a Health Maintenance Organization, that is an HMO?

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

Ask Q# 3 if respondent has a child less than 5 years old (Q#48a =1-7)

3. How many of the children less than 5 years old in your household are covered by any kind of health insurance?

- 7 or more. ....8
- Don't know/Not sure ..... 7
- Refused .....9

Ask Q#4 if respondent has a child between 5 and 12 years old (Q#48b=1-7)

4. How many of the children between the ages of 5 and 12 in your household are covered by any kind of health insurance?

7 or more. . . . .8

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

Refused . . . . .9

Ask Q#5 if respondent has a child between 13 and 17 years old (Q#48c=1-7)

5. How many of the children between the ages of 13 and 17 in your household are covered by any kind of health insurance?

7 or more. . . . .8

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

Refused . . . . .9

## Maryland Module 3: Physical Activity

The next questions are about physical activity. By physical activity, I mean various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.

1. Think back over the last 30 days. Did you do 30 minutes of physical activity at least 5 days each week?

- a. Yes (Go to Q. #4) ..... 1
- b. No (Go to Q. #2) ..... 2
- Don't know/Not sure (Go to Q. #2). ..... 7
- Refused (Go to Q. #5). ..... 9

2. In the next 6 months do you plan to begin physical activity so that you get 30 minutes or more at least 5 days a week?

(Read if necessary: Regular physical activity may include various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.)

- a. Yes (Go to Q. #3) ..... 1
- b. No (Go to Q. #5) ..... 2
- Don't know/Not sure (Go to Q. #5). ..... 7
- Refused (Go to Q. #5). ..... 9

3. Do you plan to begin regular physical activity in the next 30 days?

(Read if necessary: Regular physical activity may include various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.)

- a. Yes (Go to Q. #5) ..... 1
- b. No (Go to Q. #5) ..... 2
- Don't know/Not sure (Go to Q. #5). ..... 7
- Refused (Go to Q. #5). ..... 9

4. Have you done that over the last six months?

(Read if necessary: 30 minutes of physical activities at least five days a week)

(Read if necessary: Regular physical activity may include various activities that total up to 30 minutes during the day and that are similar to climbing stairs, vigorous housework, yard work, washing the car, dancing, bicycling, jogging, sports activities, or brisk walking.)

- a. Less than 6 months . . . . . 1
- b. More than 6 months . . . . . 2
- Don't know/ Not sure . . . . . 7
- Refused . . . . . 9

5. On a scale of 1 to 5, where 1 means not at all confident and 5 means that you are extremely confident, how confident are you that you can do **a total of 30 minutes of physical activity 5 or more days a week?**

- a. Not at all Confident . . . . . 1
- b. Somewhat Confident . . . . . 2
- c. Confident . . . . . 3
- d. Very Confident . . . . . 4
- e. Extremely Confident (Go to Q #7) . . . . . 5
- Don't know/ Not sure . . . . . 7
- Refused . . . . . 9

(If Q.#1=2-9 and Q.#5=5, then go to Q.#7;  
If Q.#1=1 and Q.#5=5, then go to end of the survey)

6. On a scale of 1 to 5, where 1 means not at all confident and 5 means that you are extremely confident, how confident are you that you can do **a total of 30 minutes of physical activity on any single day?**

- a. Not at all Confident . . . . . 1
- b. Somewhat Confident . . . . . 2
- c. Confident . . . . . 3
- d. Very Confident . . . . . 4
- e. Extremely Confident (Go to Q #7) . . . . . 5
- Don't know/ Not sure . . . . . 7
- Refused . . . . . 9

(If Q.#6 was answered and Q.#1=1, then go to the end of the survey.)

7. I'm going to read you a list of reasons people give for not being physically active. Please tell me what is the main thing which prevents you most from doing a total of 30 minutes of physical activity at least 5 days of the week? ( Read examples found in parentheses only if necessary)

- a. a lack of motivation .....01
- b. a lack of time ..... 02
- c. a physical disability or other health limit.....03.
- d. there's no place to exercise ..... 04
- e. the cost is too high ..... 05
- f. some other reason (Specify: ) .....06
- Don't know/Not sure.....77
- Refused .....99