



2004

Behavioral Risk Factor Surveillance System

State Questionnaire

Maryland

2004

Draft (October 30, 2004)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

2004 DRAFT QUESTIONNAIRE

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Section 1: Health Status	4
Section 2: Healthy Days – Health-related Quality of Life.....	4
Section 3: Health Care Access.....	4
Section 4: Exercise.....	5
Section 5: Environmental Factors.....	5
Section 6: Excess Sun Exposure	6
Section 7: Tobacco Use	6
Section 8: Alcohol Consumption.....	7
Section 9: Asthma	8
Section 10: Diabetes	8
Module 1: Diabetes.....	8
Section 11: Oral Health.....	10
Section 12: Immunization – (FLU – Adult – November – February)	11
Section 13: Demographics	14
FLU – Child – November – February.....	18
Section 14: Veteran’s Status	21
Section 15: Women’s Health	21
Section 16: Prostate Cancer Screening	23
Section 17: Colorectal Cancer Screening	24
Section 18: Family Planning.....	24
Section 19: Disability.....	26
Section 20: HIV/AIDS	27
Section 21: Firearms	29
Transition to Modules and/or State-added Questions.....	30
Module 3: Hypertension Awareness.....	30
Module 9: Adult Asthma History	30
Module 10: Childhood Asthma.....	32
State-Added 1: Childhood Obesity	33
State-Added 2: Fruits and Vegetables.....	34
State-Added 3 : Physical Activity.....	35
Closing Statement	36

[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

1.1. Would you say that in general your health is:

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?

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 9 9 Refused

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

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

{If Q2.1 AND Q2.2 are none, go to next section, else 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?

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

Section 3: Health Care Access

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

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

3.2. Do you have one person you think of as your personal doctor or health care provider?

[If "NO", ask "Is there more than one or is there no person who you think of?"]

- 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 the cost?

- 1 Yes
- 2 No
- 7 Don't know
- 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?

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

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

5.1. Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

[NOTE: If the respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

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

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

[NOTE: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptoms within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

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

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

- 6.1 Have you had a sunburn within the past 12 months?

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

- 6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 7: Tobacco Use

- 7.1. Have you smoked at least 100 cigarettes in your entire life?

[5 packs = 100 cigarettes]

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

- 7.2. Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

Section 8: Alcohol Consumption

8.1. A drink of alcohol 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. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

8.2. On the days when you drank, about how many drinks did you drink on the average?

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

- __ __ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

8.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- __ __ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

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

9.2. Do you still have asthma?

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

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes?

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

[If Respondent says pre-diabetes or borderline diabetes, use response code 4.]

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

Module 1: Diabetes

{To be asked following core Q10.1 if response is "Yes"}

Mod1_1. How old were you when you were told you have diabetes?

- __ __ Code age in years **[97 = 97 and older]**
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod1_2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

Mod1_3. Are you now taking diabetes pills?

- 1 Yes
- 2 No

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

Mod1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod1_6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

Mod1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

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

Mod1_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- ___ Number of times [**76 = 76 or more**]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

{If "no feet" to Q5, go to Q10}

Mod1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

Mod1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

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

Mod1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

Mod1_12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

Section 11: Oral Health

11.1. 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]
[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

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

11.2. 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.

[Include teeth lost due to "infection"]

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

{IF Q11.1 = 8/NEVER OR Q11.2 = 3/ALL, SKIP TO NEXT SECTION}

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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

Section 12: Immunization – (FLU – Adult – November – February)

Q12.1 During the past 12 months, have you had a flu shot?

Read if necessary: We want to know if you had a flu shot injected in your arm.

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

Q12.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

- 1 Yes – go to Q12.4
- 2 No – If Q12.1 is "Yes" go to Q12.4, otherwise go to Q12.6
- 7 Don't know/Not sure No – If Q12.1 is "Yes" go to Q12.4; if Q12.1 is "No" go to Q12.6, otherwise go to Q12.7
- 9 Refused No – If Q12.1 is "Yes" go to Q12.4; if Q12.1 is "No" go to Q12.6, otherwise go to Q12.7

Q12.4 During what month and year did you receive your most recent flu vaccination?

If “Yes” to both Q12.1 and Q12.2, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

__ / ____ Month / Year

77/7777 Don't know/Not Sure (Probe: “Was it before or after September 2004?”
Code approximate month and year)

99/9999 Refused

If Q12.4 is DK or RF go to Q12.5

Q12.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? **CATI fill in appropriate response from Q12.1 and q12.2.**

Read only if necessary:

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

If Q12.4 is before 9/2004 go to Q12.6, if Q12.4 is DK or RF, go to Q12.6, otherwise go to Q12.7

Q12.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [**Interviewer note: The current flu season = Sept. '04 – Mar. '05**]

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

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work

- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

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

Q12.7 If Q12.4 is 04/2004 to present continue (ask Q12.7), otherwise go to Q12.3.

Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q12.3 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q12.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below:

- Asthma
- Lung problems, other than asthma
- Heart problems
- Diabetes
- Kidney problems
- Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
- or-
- Sickle cell anemia or other anemia

- 1 Yes – Go to Q12.9
- 2 No – Go to Q12.10

- 7 Don't know/Not sure (Probe by repeating question) – Go to Q12.10
- 9 Refused – Go to Q12.10

Q12.9 Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q12.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

If necessary say: This includes part-time and volunteer work.

- 1 Yes – Go to Q12.11
- 2 No – Go to Q13.1
- 7 Don't know/Not sure (Do not probe) – Go to Q13.1
- 9 Refused – Go to Q13.1

Q12.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Probe by repeating question)
- 9 Refused

Section 13: Demographics

13.1 What is your age?

- ___ Code age in years [**99 = 99 or higher**]
- 0 7 Don't know / Not sure
- 0 9 Refused

13.2 Are you Hispanic or Latino?

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

13.3 Which one or more of the following would you say is your race?

[Check all that apply]

Please read

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other **[specify]** _____

Do not read

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{If more than one response to Q13.3, continue. Otherwise, go to Q13.5}

13.4 Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other **[specify]** _____
- 7 Don't know / Not sure
- 9 Refused

13.5 Are you?

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

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

- ___ ___ Number of children
- 8 8 None
- 9 9 Refused

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

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)
- 9 Refused

13.8 Are you currently?

Please read

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

Or

- 8 Unable to work

Do not read

- 9 Refused

13.9 Is your annual household income from all sources?

[If respondent refuses at ANY income level, code '99 Refused']

Read as appropriate

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

Do not read

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

- 13.10 About how much do you weigh without shoes?
[Note: If respondent answers in metrics, put "9" in column 126.]

[Round fractions up]

___ ___ ___ ___ Weight
pounds/kilograms
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

- 13.11 About how tall are you without shoes?
[Note: If respondent answers in metrics, put "9" in column 130.]

[Round fractions down]

___ ___ / ___ ___ Height
ft / inches/meters/centimeters
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

- 13.12 What county do you live in?

___ ___ ___ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

- 13.13 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.

1 Yes
2 No [Go to Q13.15]
7 Don't know / Not sure [Go to Q13.15]
9 Refused [Go to Q13.15]

- 13.14 How many of these phone numbers are residential numbers?

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

- 13.15 During the past 12 months, has your household been without telephone service for 1 week or more?

[Note: Do not include interruptions of phone service because of weather or natural disasters.]

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

- 13.16 Indicate sex of respondent. Ask only if necessary.

- 1 Male **[Go to next section]**
- 2 Female

{If respondent 45 years old or older, go to next section.}

13.17 To your knowledge, are you now pregnant?

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

FLU – Child – November – February

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go to Q14.1

If Core Q13.6 = 1; INTERVIEWER: “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 Q13.18.**

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99; INTERVIEWER: “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 [second/third/fourth, etc.] child.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the [**Fill: random number from CATI**] child. All the questions about children will be about that child.”

Note: If there are two children with the same birth date, randomly select one.

Q13.18 Is the child a boy or a girl?

- 1. Boy
- 2. Girl
- 9. Refused

Q13.19 In what month and year was [**FILL: he/she**] born?

__ / ____ Month / Year

- 7 7 / 7 7 7 7 Don't know/Not sure (Probe by repeating the question)
- 9 9 / 9 9 9 9 Refused

Q13.20 Has a doctor, nurse, or other health professional ever said that [Fill: he/she] has any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

- 1 Yes – Go to Q13.21
- 2 No – Go to Q13.22
- 7 Don't know/Not sure (Probe by repeating the question) – Go to Q13.22
- 9 Refused – Go to Q13.22

Q13.21 Does [Fill: he/she] still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q13.22 **If child is less than 6 months old, go to Q14.1, otherwise ask:** During the past 12 months, has [Fill: he/she] had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

- 1 Yes
- 2 No
- 7 Don't know/Not sure (Do not probe)
- 9 Refused

Q13.23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose? The flu vaccine that is sprayed in the nose is FluMist™ .

- 1 Yes – Go to Q13.24
- 2 No – If Q13.22 is “Yes” go to Q13.24, otherwise go to Q13.25
- 7 Don't know/Not sure (Do not probe) – If Q13.22 is “Yes” go to Q13.24, if Q13.22 is “No” go to Q13.25, otherwise go to Q13.26
- 9 Refused – If Q13.22 is “Yes” go to Q13.24, if Q13.22 is “No” go to Q13.25, otherwise go to Q13.26

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?
If “Yes” to both Q13.22 and Q13.23, also say: “The most recent flu vaccination may have been either the flu shot or the flu spray.”

--/----- Month / Year – If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26

77/7777 Don’t know/Not Sure (Probe: “Was it before or after September 2004?”
Code approximately month and year)

99/9999 Refused

If Q13.24 is DK or RF, go to Q13.25

Q13.25. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. ’04 – Mar. ’05]

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

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

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

Q13.26. **If Q13.19 date is 06/2003 to present, go to Q14.1; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26), otherwise go to Q14.1: Did [Fill: he/she] get the flu vaccine during the ‘last flu season’ in other words during the months of September 2003 through March 2004?**

- 1 Yes
- 2 No
- 7 Don’t know/Not sure (Do not probe)
- 9 Refused

Section 14: Veteran's Status

14.1 The next question relates to military service. 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?

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

14.2 Which of the following best describes your service in the United States Military?

Please read

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit **[Go to next section]**
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

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

14.3 In the last 12 months have you received some or all of your health care from VA facilities?

[NOTE: If "Yes" probe for "all" or "some" of the health care.]

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

{If respondent is male go to next section}

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

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

15.2 How long has it been since you had your last mammogram?

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

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

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

15.4 How long has it been since your last breast exam?

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

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

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

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

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

{If response to Q13.17 is 1 (is pregnant go to next section)}

15.7 Have you had a hysterectomy?

[Note: A hysterectomy is an operation to remove the uterus (womb).]

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

Section 16: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q17.1}

16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 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 PSA test?

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

16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 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 your last digital rectal exam?

- 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

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

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

Section 17: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q18.1}

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit?

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

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

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}

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.

18.1 Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD,

having their tubes tied, or having a vasectomy. Are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing anything now to keep **[if female, insert "you", if male, insert "her"]** from getting pregnant?

[NOTE: If more than one partner, consider usual partner.]

- 1 Yes
- 2 No **[Go to Q18.3]**
- 3 No partner/not sexually active **[Go to next section]**
- 4 Same sex partner **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.2 What are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing now to keep **[if female, insert "you", if male, insert "her"]** from getting pregnant?

Read only if necessary

- 01 Tubes tied **[Go to next section]**
- 02 hysterectomy (female sterilization) **[Go to next section]**
- 03 Vasectomy (male sterilization) **[Go to next section]**
- 04 Pill, all kinds (Seasonale, etc.) **[Go to Q18.4]**
- 05 Condoms (male or female) **[Go to Q18.4]**
- 06 contraceptive implants (Jadelle or Implants) **[Go to Q18.4]**
- 07 Shots (Depo-Provera) **[Go to Q18.4]**
- 08 Shots (Lunelle) **[Go to Q18.4]**
- 09 Contraceptive Patch **[Go to Q18.4]**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **[Go to Q18.4]**
- 11 IUD (including Mirena) **[Go to Q18.4]**
- 12 Emergency contraception (EC) **[Go to Q18.4]**
- 13 Withdrawal **[Go to Q18.4]**
- 14 Not having sex at certain times (rhythm) **[Go to Q18.4]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to Q18.4]**
- 77 Don't know / Not sure **[Go to Q18.4]**
- 99 Refused **[Go to Q18.4]**

18.3 What is your main reason for not doing anything to keep **[if female, insert "you," if male, insert "your wife/partner"]** from getting pregnant?

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization) **[Go to next section]**
- 09 You or your partner had a vasectomy (sterilization) **[Go to next section]**
- 10 You or your partner had a hysterectomy **[Go to next section]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason

- 15 Don't care if get pregnant
- 16 Partner is pregnant now **[Go to next section]**
- Do not read**
- 77 Don't know / Not sure
- 99 Refused

18.4 How do you feel about having a child now or sometime in the future? Would you say:

Please read

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

Do not read

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

18.5 How soon would you want to have a child? Would you say:

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 More than 5 years from now

Do not read

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

Section 19: Disability

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

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

19.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

[Note: Include occasional use or use in certain circumstances]

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

Section 20: HIV/AIDS

{If respondent is 65 year old or older, go to next section}

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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1 A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

- 1 True
- 2 False
- 7 Don't know / Not sure
- 9 Refused

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

- 1 True
- 2 False
- 7 Don't know / Not sure
- 9 Refused

20.3 As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

[Note: Include Saliva tests]

- 1 Yes
- 2 No **[Go to Q20.10]**
- 7 Don't know/ Not sure **[Go to Q20.10]**
- 9 Refused **[Go to Q20.10]**

20.4 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

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

20.5 Not including blood donations, in what month and year was your last HIV test?

[Note: Include Saliva tests]

[Note: If response is before January 1985, code "Don't know"]

- / — — — Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure

9 9 9 9 9 9 Refused

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

__ __ Reason Code

Please Read

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 **IF FEMALE:** You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read

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

20.7 Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

__ __ Facility code

Please read

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

Do not read

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

{If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10}

20.8 What type of clinic did you go to for your last HIV test?

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

{If Q20.7=07, continue, else go to Q20.10}

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

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 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

20.10 Do any of these situations apply to you?

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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.11 In the past 12 months, has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

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

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. 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.

21.1 Are any firearms kept in or around your home?

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

21.2 Are any of these firearms now loaded?

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

21.3 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.

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

Transition to Modules and/or State-added Questions

Transition Statement

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

Module 3: Hypertension Awareness

Mod3_1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

Mod3_2. Are you currently taking medicine for your high blood pressure?

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

Module 9: Adult Asthma History

{If "Yes" to core Q9.1, continue...}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Mod9_1. How old were you when you were first told by a doctor or other health professional that you had asthma?

- __ __ Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{If "Yes" to Core Q9.2, continue...}

Mod9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

Mod9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- __ __ Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod9_4. [**If one or more visits to Q3, fill in (Besides those emergency room visits.)**]

During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- __ __ Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?

- __ __ Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

Mod9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- __ __ __ Number of days
- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod9_7 Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say...

- Please read**
- 8 Not at any time [**Go to Q9**]

- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

Or

- 5 Every day, all the time

Do not read

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

Mod9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...

Please read

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read

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

Mod9_9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say?

Please read

- 8 Didn't take any
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Once every day

Or

- 5 Two or more times every day

Do not read

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

Module 10: Childhood Asthma

{If response to core Q13.6 is '88' (none) or '99' (refused) go to next module.}

Mod10_1. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

___ Number of children

- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

Mod10_2. [Fill in (Does this child/How many of these children) from Q1] still have asthma?

[If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", code '88'.]

__ __	Number of children
8 8	None
7 7	Don't know / Not sure
9 9	Refused

State-Added 1: Childhood Obesity

{Ask if Q13.6= or > 1, but less than 88}

MD1_1a {Is this child/Are any of these children} over 2 years old?

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

We would like to ask you a few questions about **{this child/the youngest child who is over 2 years}**. I need to record the exact age of the child. Please tell me how old this child is in years and months.

[Note: In case of twins, please consider the youngest twin (the twin who was born second) when answering these questions.]

MD1_1b How old is this child?

__ __ __ __ [Code age in months and years]
[Example: 3 years, 8 months=0308]
7777 Don't know/Not sure
9999 Refused

MD1_2 Is this child a boy or a girl?

1	Boy
2	Girl
9	Refused

MD1_3 About how tall is this child without shoes?

[Round fractions down]

__ / __ __ Height
ft / inches
7 7 7 Don' know/ Not sure
9 9 9 Refused

MD1_4 About how much does this child weigh without shoes?

[Round fractions up]

___ ___ ___ Weight
Pounds
7 7 7 Don' know/ Not sure
9 9 9 Refused

State-Added 2: 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.

MD2_1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

MD2_2 Not counting juice, how often do you eat fruit?

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

MD2_3 How often do you eat green salad?

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

MD2_4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year

- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD2_5 How often do you eat carrots?

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD2_6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(Example: A serving of vegetables at both lunch and dinner would be two servings.)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State-Added 3 : Physical Activity

{If "employed" or "self-employed" to core Q13.8 continue, otherwise go to Q2}

MD3_1 When you are at work, which of the following best describes what you do? Would you say?

[Note: If respondent has multiple jobs, include all jobs]

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking

Or

- 3 Mostly heavy labor or physically demanding work

Do not read:

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

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

MD3_2 Now, thinking about the moderate activities you do **[fill in (when you are not working,) if "employed" or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes

- 2 No **[Go to Q5]**
- 7 Don't know / Not sure **[Go to Q5]**
- 9 Refused **[Go to Q5]**

MD3_3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

- ___ ___ Days per week
- 7 7 Don't know / Not sure **[Go to Q5]**
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q5]**
- 9 9 Refused **[Go to Q5]**

MD3_4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- ___:___ ___ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MD3_5 Now, thinking about the vigorous activities you do **[fill in (when you are not working) if "employed" or "self-employed"]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

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

MD3_6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- ___ ___ Days per week
- 7 7 Don't know / Not sure **[Go to closing statement]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to closing statement]**
- 9 9 Refused **[Go to closing statement]**

MD3_7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- ___:___ ___ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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.