



2008

Maryland

Behavioral Risk Factor Surveillance System

Questionnaire

December 31, 2007

Behavioral Risk Factor Surveillance System – Maryland 2008

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Introduction Script

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

Is this (phone number) ?

If "no,"

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

Is this a private residence in (state) ?

If "no,"

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

Is this a cellular telephone?

Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

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

___ Number of men

___ Number of women

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

If "you," go to page 4



To the correct respondent:

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

Confidentiality Statement

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions **about this survey, please call (give appropriate state telephone number)**.

This call may be monitored for quality assurance.

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

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? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

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

[CATI: If Q2.1 and Q2.2 = 88 (None), go to next section]

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? (78-79)

— — 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? (80)

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 as your personal doctor or health care provider?” (81)

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

1 Within past year (anytime less than 12 months ago)
2 Within past 2 years (1 year but less than 2 years ago)
3 Within past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
8 Never
9 Refused

Section 4: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)

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

Section 5: Exercise

- 5.1** 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? (86)

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

Section 6: Diabetes

- 6.1** Have you ever been told by a doctor that you have diabetes? (87)
- 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

Section 7: Oral Health

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (88)

Read only if necessary:

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

Do not read:

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

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

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth. (89)

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

[CATI: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section]

- 7.3** How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (90)

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

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

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

8.1 (Ever told) you had a heart attack, also called a myocardial infarction? (91)

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

8.2 (Ever told) you had angina or coronary heart disease? (92)

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

8.3 (Ever told) you had a stroke? (93)

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

Section 9: Asthma

9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 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? (95)

- 1 Yes

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

Section 10: Disability

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

- 10.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (96)

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

- 10.2** 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? (97)

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

- 11.1** Have you smoked at least 100 cigarettes in your entire life? (98)

NOTE: 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]

- 11.2** Do you now smoke cigarettes every day, some days, or not at all? (99)

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

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

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (100)

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

Section 12: Demographics

12.1 What is your age? (101-102)

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

12.2 Are you Hispanic or Latino? (103)

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

12.3 Which one or more of the following would you say is your race? (104-109)

(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 or Alaska Native

Or

- 6 Other [specify]_____

Do not read:

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

[CATI: If more than one response to Q12.3; continue. Otherwise, go to Q12.5]

12.4 Which one of these groups would you say best represents your race? (110)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

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

12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (111)

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

12.6 Are you...? (112)

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

12.7 How many children less than 18 years of age live in your household? (113-114)

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

12.8 What is the highest grade or year of school you completed? (115)

Read only if necessary:

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

Do not read:

- 9 Refused

12.9 Are you currently...? (116)

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

12.10 Is your annual household income from all sources— (117-118)

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

Read only if necessary:

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02

- 0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

12.11 About how much do you weigh without shoes? (119-122)

[CATI: If respondent answers in metrics, put “9” in column 119.]

Round fractions up

- _ _ _ _ Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

12.12 About how tall are you without shoes? (123-126)

NOTE: If respondent answers in metrics, put “9” in column 123.

Round fractions down

- _ _ / _ _ Height
(f t / inches/meters/centimeters)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

[CATI: If Q12.11 = 7777 (Don't know/Not sure) or 9999 (Refused), go to Q12.15]

12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]* **CATI: If female respondent and age <46.** (127-130)

NOTE: If respondent answers in metrics, put “9” in column 127.

Round fractions up

_ _ _ _ Weight
 (pounds/kilograms)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

[CATI: Subtract weight one year ago from current weight. If weight is same, go to Q12.15]

12.14 Was the change between your current weight and your weight a year ago intentional? (131)

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

12.15 What county do you live in? (132-134)

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

12.16 What is your ZIP Code where you live? (135-139)

_ _ _ _ ZIP Code
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

12.17 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. (140)

1 Yes
 2 No **[Go to Q12.19]**
 7 Don't know / Not sure **[Go to Q12.19]**
 9 Refused **[Go to Q12.19]**

12.18 How many of these telephone numbers are residential numbers? (141)

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

12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

12.20 Indicate sex of respondent. Ask only if necessary. (143)

- 1 Male [Go to next section]
- 2 Female [If respondent is 45 years old or older, go to next section]

12.21 To your knowledge, are you now pregnant? (144)

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

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (145)

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

13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (146-148)

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

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

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

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

13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (151-152)

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

13.5 During the past 30 days, what is the largest number of drinks you had on any occasion? (153-154)

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

Section 14: Immunization

14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (155)

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

14.2 During what month and year did you receive your most recent flu shot? (156-161)

- — / — — — — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

14.3 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™. (162)

- 1 Yes
- 2 No **[Go to Q14.5]**
- 7 Don't know / Not sure **[Go to Q14.5]**
- 9 Refused **[Go to Q14.5]**

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163-168)

__ / __ __	Month / Year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

14.5 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)

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

State-Added 6: Immunization [Split 1]

[CATI: Place immediately after core section 14: Immunization.]

{If split=2, go to next section}

Pre-MD6_1: {CATI: If split=1 and s14q1=1, continue; Else go to pre-MD6_2 }

MD6_1. In the past year, where did you receive your flu shot?

Read only if necessary:

01	A doctors 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 [Example: supermarket or 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

Pre-MD6_2: {CATI: If split=1 and s14q3=1, continue; Else go to pre-MD6_3}

MD6_2. The past year where did you receive your FluMist?

Read only if necessary:

- 01 A doctors 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 **[Example: supermarket or 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

Pre-MD6_3: {CATI: If split=1 and s14q5=1, continue; Else go to next section}

MD6_3. In the past year where did you receive your pneumococcal shot?

Read only if necessary:

- 01 A doctors 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 **[Example: supermarket or 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

Section 15: Falls

[CATI: If s12q1>44 continue, otherwise go to next section.]

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

15.1 In the past 3 months, how many times have you fallen? (170-171)

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of times | [76 = 76 or more] |
| 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] |

15.2 **[CATI: Fill in “Did this fall cause an injury?” if q15.1=1].**
Interviewer Note: If only one fall from Q15.1 and response is “Yes” (caused an injury); code 01. If response is “No”, code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of falls | [76 = 76 or more] |
| 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] |

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Please read:

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

Do not read:

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

Section 17: Drinking and Driving

[CATI: If core Q16.1 = 8 (Never drive or ride in a car), go to next section; else continue.]

[CATI: If core Q13.1 = 2 (No); go to next section.]

The next question is about drinking and driving.

- 17.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (175-176)

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

Section 18: Women's Health

[CATI: If respondent is male (S12q20=1) go to the next section.]

The next questions are about breast and cervical cancer.

- 18.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (177)

1	Yes	
2	No	[Go to Q18.3]
7	Don't know / Not sure	[Go to Q18.3]
9	Refused	[Go to Q18.3]

- 18.2** How long has it been since you had your last mammogram? (178)

Read only if necessary:

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

Do not read:

7	Don't know / Not sure
9	Refused

- 18.3** 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? (179)

1	Yes	
2	No	[Go to Q18.5]

- 7 Don't know / Not sure [Go to Q18.5]
9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam? (180)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
9 Refused

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 1 Yes
2 No [Go to Q18.7]
7 Don't know / Not sure [Go to Q18.7]
9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test? (182)

Read only if necessary:

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

Do not read:

- 7 Don't know / Not sure
9 Refused

[CATI: If response to Core Q12.21 = 1 (is pregnant) go to next section.]

18.7 Have you had a hysterectomy? (183)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
2 No

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

Section 19: Prostate Cancer Screening

[CATI: If s12q1<40, or s12q20=2 (female), go to next section.]

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

19.1 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? (184)

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

19.2 How long has it been since you had your last PSA test? (185)

Read only if necessary:

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

Do not read:

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

19.3 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? (186)

- 1 Yes
- 2 No **[Go to Q19.5]**
- 7 Don't know / Not sure **[Go to Q19.5]**
- 9 Refused **[Go to Q19.5]**

19.4 How long has it been since your last digital rectal exam? (187)

Read only if necessary:

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

Do not read:

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

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (188)

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

Section 20: Colorectal Cancer Screening

[CATI: If s12q1<50 go to next section.]

20.1 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? (189)

- 1 Yes
- 2 No **[Go to Q20.3]**
- 7 Don't know / Not sure **[Go to Q20.3]**
- 9 Refused **[Go to Q20.3]**

20.2 How long has it been since you had your last blood stool test using a home kit? (190)

Read only if necessary:

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

Do not read:

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

20.3 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? (191)

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

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (192)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

20.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (193)

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

Do not read:

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

Section 21: HIV/AIDS

[CATI: If respondent is 65 years 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 do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (194)

- 1 Yes
- 2 No [Go to 21.5]
- 7 Don't know / Not sure [Go to 21.5]
- 9 Refused [Go to 21.5]

21.2 Not including blood donations, in what month and year was your last HIV test? (195-200)

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

INTERVIEWER INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- / Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (201-202)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

[CATI: if S21q2 = within last 12 months continue. Otherwise, go to S21q5.]

21.4 Was it a rapid test where you could get your results within a couple of hours? (203)

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

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(204)

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

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

22.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”.

(205)

Please read:

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

Do not read:

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

22.2 In general, how satisfied are you with your life?

(206)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

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

Module 15: Random Child Selection [Split 1 & 2]

CATI: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next section.

If Core Q12.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Mod15_1]**

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

Mod15_1. What is the birth month and year of the “Xth” child? (366-371)

_ / _	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

Mod15_2. Is the child a boy or a girl? (372)

1	Boy
2	Girl
9	Refused

Mod15_3. Is the child Hispanic or Latino? (373)

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

Mod15_4. Which one or more of the following would you say is the race of the child? (374-379)

[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

[CATI: If more than one response to Mod15_4, continue. Otherwise, go to Mod15_6.]

Mod15_5. Which one of these groups would you say best represents the child's race? (380)

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

Mod15_6. How are you related to the child? (380)

Please read:

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

Do not read:

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

Module 16: Childhood Asthma Prevalence **[Split 1 & 2]**

{Ask of both Split 1 and Split 2}

{CATI: If S12q7 = 88 (None) or 99 (Refused), go to next section.}

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

Mod16_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (382)

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

Mod16_2. Does the child still have asthma? (383)

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

State-Added 1: Child Demographics **[Split 1 & 2]**

{Ask of both Split 1 and Split 2}

{CATI: Select same child from RANDOM CHILD SELECTION MODULE}

{CATI: If S12q7 = 88 or 99 (No children under 18 in HH, or Refused), go to next section.}

MD1_1. About how tall is the child without shoes?

[Round fractions down]

_ / _ Height
ft / inches

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

MD1_2. About how much does this child weigh without shoes?

[Round fractions up]

_ _ _ Weight (in pounds)

777 Don't know / Not sure
 999 Refused

State-Added 2: Anxiety and Depression [Split 1 & 2]

{Ask of ALL in both Split 1 and Split 2}

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

MD2_1. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

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

MD2_2. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

State-Added 3: Fruits and Vegetables [Split 1 & 2]

{Ask of ALL in both Split 1 and Split 2}

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.

MD3_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
 555 Never
 777 Don't know / Not sure
 999 Refused

MD3_2 Not counting juice, how often do you eat fruit?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

MD3_3 How often do you eat green salad?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

MD3_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
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

MD3_5 How often do you eat carrots?

- 1__ Per day
- 2__ Per week
- 3__ Per month
- 4__ Per year
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

MD3_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
- 555 Never
- 777 Don't know / Not sure
- 999 Refused

State-Added 4: Physical Activity **[Split 1 & 2]**

{Split 1 and Split 2 both continue}

{CATI: If S12q9=1 or 2 (employed or self-employed) continue, else go to MD4_2}

MD4_1 When you are at work, which of the following best describes what you do? Would you say...

[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.

MD4_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 MD4_5]**
- 7 Don't know / Not sure **[Go to MD4_5]**
- 9 Refused **[Go to MD4_5]**

MD4_3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

- Days per week
- 77 Don't know / Not sure **[Go to MD4_5]**
- 88 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to MD4_5]**
- 99 Refused **[Go to MD4_5]**

MD4_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

MD4_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 next section]**
 7 Don't know / Not sure **[Go to next section]**
 9 Refused **[Go to next section]**

MD4_6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_ _ Days per week
 77 Don't know / Not sure **[Go to next section]**
 88 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
 99 Refused **[Go to next section]**

MD4_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

State-Added 5: Reactions to Race **[Split 1]**

{If split=1, continue; Else if split=2, go to next section}

{CATI: Ask of all in Split 1}

The following questions relate to your experiences when you were seeking health care.

MD5_4 Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

[NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”]

Read if necessary

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

MD5_5 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

MD5_6 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

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

Module 2: Diabetes (Added May 2008) [Split 1]

{If split=1, continue; Else if split=2, go to next section}

{If S6q1=1, continue; else go to next section}

Mod2_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

Mod2_2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

Mod2_3. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 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

Mod2_4. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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

Mod2_5. 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

Mod2_6. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

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

{CATI note: If Mod2_4 = 555 (No feet), go to Mod2_8.}

Mod2_7. 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

Mod2_8. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

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

Do not read:

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

Mod2_9. 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

Mod2_10. 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

Module 4: Visual Impairment & Access to Eye Care (Added May 2008)

[Split 2]

{If split=2, continue; Else if split=1, go to next section}

{CATI: If s12q1<40 years of age, go to next section; If s12q1>39, continue.}

Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

Mod4_1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

Please read:

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight

Or

- 6 Unable to do for other reasons

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_3. When was the last time you had your eyes examined by any doctor or eye care provider?

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago) **[Go to Mod4_5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to Mod4_5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_4. What is the main reason you have not visited an eye care professional in the past 12 months?

Read only if necessary:

- 0 1 Cost/insurance
- 0 2 Do not have/know an eye doctor
- 0 3 Cannot get to the office/clinic (too far away, no transportation)
- 0 4 Could not get an appointment
- 0 5 No reason to go (no problem)
- 0 6 Have not thought of it
- 0 7 Other

Do not read:

- 7 7 Don't know / Not sure
- 0 8 Not Applicable (Blind) **[Go to next module]**
- 9 9 Refused

{CATI: Skip Mod4_5, if any response to Module 2 (Diabetes) Mod4_8.}

Mod4_5. 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
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_6. Do you have any kind of health insurance coverage for eye care?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_7. Have you been told by an eye doctor or other health care professional that you NOW have cataracts?

- 1 Yes
- 2 Yes, but had them removed
- 3 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Mod4_8. Have you EVER been told by an eye doctor or other health care professional that you had glaucoma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Please read:

Age-related Macular Degeneration (AMD) is a disease that affects the macula, the part of the eye that allows you to see fine detail.

NOTE: Age-related Macular Degeneration (Age-related Mak-yuh-luh r Di-jen-uh-rey-shuh n)

Mod4_9. Have you EVER been told by an eye doctor or other health care professional that you had age-related macular degeneration?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next module]**
- 9 Refused

Module 8: Secondhand Smoke (Added May 2008) **[Split 1]**

{If split=1, continue; Else if split=2, go to next section}

These next questions are about exposure to secondhand smoke.

{CATI: If S12q9 = 1 (Employed) or S12q9 = 2 (Self-employed); continue. Else, go to Mod8_2.}

Mod8_1. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

- — Number of days (1–7 days)
- 5 5 Did not work in the past 7 days
- 6 6 I do not work indoors most of the time
- 8 8 None

Do not read:

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

Mod8_2. On how many of the past 7 days, did anyone smoke in your home while you were there?

- — Number of days (1–7 days)
5 5 I was not at home in the past 7 days
8 8 None

Do not read:

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

Mod8_3. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

Please read:

- 1 Smoking is not allowed anywhere inside my home
2 Smoking is allowed in some places or at some times
3 Smoking is allowed anywhere inside my home
Or
4 There are no rules about smoking inside my home

Do not read:

- 7 Don't know / Not sure
9 Refused

Mod8_4. In bars, do you THINK smoking should be allowed in all areas, some areas or not allowed at all?

Please read:

- 1 Allowed in all areas
2 Allowed in some areas
3 Not allowed at all

Do not read:

- 7 Don't know / Not sure
9 Refused

Mod8_5. In restaurants, do you THINK smoking should be allowed in all areas, some areas or not allowed at all?

Please read:

- 1 Allowed in all areas
2 Allowed in some areas
3 Not allowed at all

Do not read:

- 7 Don't know / Not sure

9 Refused

Mod8_6. Inside indoor workplaces, do you THINK smoking should be allowed in all areas, some areas or not allowed at all?

Please read:

- 1 Allowed in all areas
- 2 Allowed in some areas
- 3 Not allowed at all

Do not read:

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

Module 14: General Preparedness (Added May 2008) [Split 2]

{If split=2, continue; Else if split=1, go to next section}

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include natural disasters such as hurricanes, tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Mod14_1. How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say...

Please read:

- 1 Well prepared
- 2 Somewhat prepared
- 3 Not prepared at all

Do not read:

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

Mod14_2. Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day.

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

Mod14_3. Does your household have a 3-day supply of nonperishable food for everyone who lives there? By nonperishable we mean food that does not require refrigeration or cooking.

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

Mod14_4. Does your household have a 3-day supply of prescription medication for each person who takes prescribed medicines?

- 1 Yes
- 2 No
- 3 No one in household requires prescribed medicine
- 7 Don't know / Not sure
- 9 Refused

Mod14_5. Does your household have a working battery operated radio and working batteries for your use if the electricity is out?

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

Mod14_6. Does your household have a working flashlight and working batteries for your use if the electricity is out?

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

Mod14_7. In a large-scale disaster or emergency, what would be your main method or way of communicating with relatives and friends?

Read only if necessary:

- 1 Regular home telephones
- 2 Cell phones
- 3 Email
- 4 Pager
- 5 2-way radios
- 6 Other

Do not read:

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

Mod14_8. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency?

Read only if necessary:

- 1 Television
- 2 Radio
- 3 Internet
- 4 Print media
- 5 Neighbors
- 6 Other

Do not read:

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

Mod14_9. Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation?

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

Mod14_10. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?

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

Mod14_11. What would be the main reason you might not evacuate if asked to do so?

Read only if necessary:

- 0 1 Lack of transportation
- 0 2 Lack of trust in public officials
- 0 3 Concern about leaving property behind
- 0 4 Concern about personal safety
- 0 5 Concern about family safety
- 0 6 Concern about leaving pets
- 0 7 Concern about traffic jams and inability to get out
- 0 8 Health problems (could not be moved)
- 0 9 Other

Do not read:

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

Asthma Follow-up Questions [Split 1 & 2]

{Maryland will participate in the Adult & Child Asthma Callback survey}

{If s9q1 or s8q2=1 or mod2_1 or mod2_2=1 continue, else go to closing}

{If ADULT only, proceed with ADULT; IF CHILD only, proceed with CHILD; If ADULT AND CHILD, proceed to Asthma Selection}

Asthma Selection: {ASTHMA CALLBACK SELECTION: CHOOSE ADULT OR CHILD. (50% ADULT / 50% CHILD)}

ast1. We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Maryland.

The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No {go to closing}

Closing statement

Please read:

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