

# 1999 BRFSS Questionnaire

FIPS STATE CODE	GEOGRAPHIC STRATUM	HOUSEHOLD DENSITY STRATUM	PSU NUMBER	RECORD NUMBER	DATE OF FINAL DISPOSITION	INTER- VIEWER ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/>
(1-2)	(3-4)	(5)	(6-11)	(12-13)	(14-21)	(22-23)

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

Is this Area code    Prefix    Suffix   \_\_\_\_\_

(24-26)                      (27-29)                      (30-31)

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

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

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

**Appointments:**

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

**Refusals:**

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

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

Edited by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Final disposition:   (32-33)

Wind down:  (34)

ANNUAL SEQUENCE NUMBER

--	--	--	--	--	--	--	--	--	--

(35-44)

NUMBER OF ATTEMPTS

--	--

(45-46)

NUMBER OF SAMPLE RECORDS  
SELECTED FROM STRATUM

--	--	--	--	--	--

(47-52)

NUMBER OF TELEPHONE NUMBERS IN STRATUM  
FROM WHICH SAMPLE WAS SELECTED

--	--	--	--	--	--	--	--	--

(53-61)

BASIC PROBABILITY OF SELECTION WEIGHT

--	--	--	--	--	--	--	--	--	--

(62-71)

WAKSBERG  
STAGE NUMBER

--

(72)



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

### Section 1: Health Status

1.1. Would you say that in general your health is: (77)

*Please Read*

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

**Do not  
read these  
responses**

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (78-79)

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

- 1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (80-81)
- a. Number of days ..... — —
  - b. None *If Q1.2 also "None," go to Q2.1 (p. 5)* ..... 8 8
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9
- 1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (82-83)
- a. Number of days ..... — —
  - b. None ..... 8 8
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9

## Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (84)
- a. Yes ..... 1
  - b. No *Go to Q2.3a (p. 7)* ..... 2
  - Don't know/Not sure *Go to Q2.6 (p. 8)* ..... 7
  - Refused *Go to Q2.6 (p. 8)* ..... 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (85)
- a. Yes *Go to Q2.6 (p. 8)* ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

2.3. What type of health care coverage do you use to pay for most of your medical care? (86-87)

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

*Please Read*

- a. Your employer *Go to Q2.4 (p. 8)* ..... 0 1
- b. Someone else's employer *Go to Q2.4 (p. 8)* ..... 0 2
- c. A plan that you or someone else buys on your own *Go to Q2.4 (p. 8)* .... 0 3
- d. Medicare *Go to Q2.6 (p. 8)* ..... 0 4
- e. Medicaid or Medical Assistance [*or substitute state program name*]  
*Go to Q2.4 (p. 8)* ..... 0 5
- f. The military, CHAMPUS, TriCare, or the VA [*or CHAMP-VA*]  
*Go to Q2.4 (p. 8)* ..... 0 6
- g. The Indian Health Service [*or the Alaska Native Health Service*]  
*Go to Q2.4 (p. 8)* ..... 0 7
- or
- h. Some other source *Go to Q2.4 (p. 8)* ..... 0 8
- None *Go to Q2.5 (p. 8)* ..... 8 8
- Don't know/Not sure *Go to Q2.4 (p. 8)* ..... 7 7
- Refused *Go to Q2.4 (p. 8)* ..... 9 9

Do not  
read these  
responses

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (88-89)

Coverage through: Coverage Code \_\_\_\_\_

*Please Read*

If more than one, ask "Which type do you use to pay for most of your medical care?"

- a. Your employer ..... 0 1
- b. Someone else's employer ..... 0 2
- c. A plan that you or someone else buys on your own ..... 0 3
- d. Medicare *Go to Q2.6 (p. 8)* ..... 0 4
- e. Medicaid or Medical Assistance [*for substitute state program name*] .... 0 5
- f. The military, CHAMPUS, TriCare, or the VA [*for CHAMP-VA*] ..... 0 6
- g. The Indian Health Service [*for the Alaska Native Health Service*] ..... 0 7
- or
- h. Some other source ..... 0 8
- None *Go to Q2.5 (p. 8)* ..... 8 8
- Don't know/Not sure *Go to Q2.6 (p. 8)* ..... 7 7
- Refused *Go to Q2.6 (p. 8)* ..... 9 9

Do not read these responses

2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (90)

- a. Yes *Go to Q2.6* ..... 1
- b. No *Go to Q2.6* ..... 2
- Don't know/Not sure *Go to Q2.6* ..... 7
- Refused *Go to Q2.6* ..... 9

2.5. About how long has it been since you had health care coverage? (91)

*Read Only if Necessary*

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

2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (92)

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

2.7. About how long has it been since you last visited a doctor for a routine checkup? (93)

*Read Only if Necessary*

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

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

### Section 3: Hypertension Awareness

3.1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (94)

*Read Only if Necessary*

- a. Within the past 6 months (1 to 6 months ago) ..... 1
- b. Within the past year (6 to 12 months ago) ..... 2
- c. Within the past 2 years (1 to 2 years ago) ..... 3
- d. Within the past 5 years (2 to 5 years ago) ..... 4
- e. 5 or more years ago ..... 5
- Don't know/Not sure ..... 7
- Never *Go to Q4.1 (p. 11)* ..... 8
- Refused ..... 9

3.2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (95)

- a. Yes ..... 1
- b. No *Go to Q4.1 (p. 11)* ..... 2
- Don't know/Not sure *Go to Q4.1 (p. 11)* ..... 7
- Refused *Go to Q4.1 (p. 11)* ..... 9

3.3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (96)

- a. More than once ..... 1
- b. Only once ..... 2
- Don't know/Not sure ..... 7
- Refused ..... 9

## Section 4: Cholesterol Awareness

- 4.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (97)
- a. Yes ..... 1
  - b. No *Go to Q5.1 (p. 12)* ..... 2
  - Don't know/Not sure *Go to Q5.1 (p. 12)* ..... 7
  - Refused *Go to Q5.1 (p. 12)* ..... 9
- 4.2. About how long has it been since you last had your blood cholesterol checked? (98)
- Read Only if Necessary*
- a. Within the past year (1 to 12 months ago) ..... 1
  - b. Within the past 2 years (1 to 2 years ago) ..... 2
  - c. Within the past 5 years (2 to 5 years ago) ..... 3
  - d. 5 or more years ago ..... 4
  - Don't know/Not sure ..... 7
  - Refused ..... 9
- 4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (99)
- a. Yes ..... 1
  - b. No ..... 2
  - Don't know/Not sure ..... 7
  - Refused ..... 9

## Section 5: Diabetes

5.1. Have you ever been told by a doctor that you have diabetes? (100)

**If "Yes" and  
female, ask  
"Was this  
only when  
you were  
pregnant?"**

- a. Yes ..... 1
- b. Yes, but female told only during pregnancy ..... 2
- c. No ..... 3
- Don't know/Not sure ..... 7
- Refused ..... 9

## Section 6: Oral Health

6.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

*Read only if necessary*

**Include visits to dental specialists, such as orthodontists**

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

6.2. 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. (102)

**Include teeth lost due to "infection"**

- a. 5 or fewer . . . . . 1
- b. 6 or more but not all . . . . . 2
- c. All . . . . . 3
- d. None . . . . . 8
- Don't know/Not sure . . . . . 7
- Refused . . . . . 9

→ If "never" to Q6.1 or "all" to Q6.2, go to Q7.1 (p. 15).

6.3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?  
(103)

*Read only if necessary*

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

## Section 7: Skin Cancer

- 7.1. The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (104)
- a. Yes ..... 1
  - b. No *Go to Q8.1 (p. 16)* ..... 2
  - Don't know/Not sure *Go to Q8.1 (p. 16)* ..... 7
  - Refused *Go to Q8.1 (p. 16)* ..... 9
- 7.2. 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? (105)
- a. One ..... 1
  - b. Two ..... 2
  - c. Three ..... 3
  - d. Four ..... 4
  - e. Five ..... 5
  - f. Six or more ..... 6
  - Don't know/Not sure ..... 7
  - Refused ..... 9

## Section 8: Tobacco Use

	8.1. Have you smoked at least 100 cigarettes in your entire life?	(106)
<b>5 packs = 100 cigarettes</b>	a. Yes .....	1
	b. No <i>Go to Q9.1 (p. 18)</i> .....	2
	Don't know/Not sure <i>Go to Q9.1 (p. 18)</i> .....	7
	Refused <i>Go to Q9.1 (p. 18)</i> .....	9
	8.2. Do you now smoke cigarettes everyday, some days, or not at all?	(107)
	a. Everyday .....	1
	b. Some days <i>Go to Q8.3a</i> .....	2
	c. Not at all <i>Go to Q8.5 (p. 17)</i> .....	3
	Refused <i>Go to Q9.1 (p. 18)</i> .....	9
	8.3. On the average, about how many cigarettes a day do you now smoke?	(108-109)
<b>1 pack = 20 cigarettes</b>	Number of cigarettes [ <i>76 = 76 or more</i> ] <i>Go to Q8.4 (p. 17)</i> .....	___
	Don't know/Not sure <i>Go to Q8.4 (p. 17)</i> .....	7 7
	Refused <i>Go to Q8.4 (p. 17)</i> .....	9 9
	8.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	(110-111)
<b>1 pack = 20 cigarettes</b>	Number of cigarettes [ <i>76 = 76 or more</i> ] <i>Go to Q9.1 (p. 18)</i> .....	___
	Don't know/Not sure <i>Go to Q9.1 (p. 18)</i> .....	7 7
	Refused <i>Go to Q9.1 (p. 18)</i> .....	9 9

8.4. During the past 12 months, have you quit smoking for 1 day or longer?	(112)
a. Yes <i>Go to Q9.1 (p. 18)</i> .....	1
b. No <i>Go to Q9.1 (p. 18)</i> .....	2
Don't know/Not sure <i>Go to Q9.1 (p. 18)</i> .....	7
Refused <i>Go to Q9.1 (p. 18)</i> .....	9

8.5. About how long has it been since you last smoked cigarettes regularly, that is, daily?  
(113-114)

Time code .....

***Read Only if Necessary***

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

## Section 9: Alcohol Consumption

- 9.1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (115)
- a. Yes ..... 1
  - b. No *Go to Q10.1 (p. 20)* ..... 2
  - Don't know/Not sure *Go to Q10.1 (p. 20)* ..... 7
  - Refused *Go to Q10.1 (p. 20)* ..... 9
- 9.2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (116-118)
- a. Days per week ..... 1 \_\_\_
  - b. Days per month ..... 2 \_\_\_
  - Don't know/Not sure *Go to Q9.4* ..... 7 7 7
  - Refused *Go to Q9.4* ..... 9 9 9
- 9.3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (119-120)
- Number of drinks ..... \_\_\_
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9
- 9.4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? (121-122)
- a. Number of times ..... \_\_\_
  - b. None ..... 8 8
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9

- 9.5. During the past month, how many times have you driven when you've had perhaps too much to drink? (123-124)
- |                           |     |
|---------------------------|-----|
| a. Number of times .....  | — — |
| b. None .....             | 8 8 |
| Don't know/Not sure ..... | 7 7 |
| Refused .....             | 9 9 |

### Section 10: Demographics

10.1. What is your age? (125-126)

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

10.2. What is your race? (127)

Would you say: *Please Read*

- a. White ..... 1
- b. Black ..... 2
- c. Asian, Pacific Islander ..... 3
- d. American Indian, Alaska Native ..... 4
- or**
- e. Other: *[specify]* \_\_\_\_\_ ..... 5
- Don't know/Not sure ..... 7
- Refused ..... 9

**Do not  
read these  
responses**

10.3. Are you of Spanish or Hispanic origin? (128)

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

10.4. Are you: (129)

*Please Read*

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

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

*Please Read*

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

- a. less than 5 years old? ..... (130)
- b. 5 through 12 years old? ..... (131)
- c. 13 through 17 years old? ..... (132)

10.6. What is the highest grade or year of school you completed? (133)

*Read Only if Necessary*

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

10.7. Are you currently: (134)

*Please Read*

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

10.8. Is your annual household income from all sources: (135-136)

*Read as Appropriate*

**If res-  
pondent  
refuses  
at any  
income  
level,  
code  
refused**

- a. Less than \$25,000 *If "no," ask e; if "yes," ask b*  
(\$20,000 to less than \$25,000) ..... 0 4
- b. Less than \$20,000 *If "no," code a; if "yes," ask c*  
(\$15,000 to less than \$20,000) ..... 0 3
- c. Less than \$15,000 *If "no," code b; if "yes," ask d*  
(\$10,000 to less than \$15,000) ..... 0 2
- d. Less than \$10,000 *If "no," code c* ..... 0 1
- e. Less than \$35,000 *If "no," ask f*  
(\$25,000 to less than \$35,000) ..... 0 5
- f. Less than \$50,000 *If "no," ask g*  
(\$35,000 to less than \$50,000) ..... 0 6
- g. Less than \$75,000 *If "no," code h*  
(\$50,000 to \$75,000) ..... 0 7
- h. \$75,000 or more ..... 0 8
- Don't know/Not sure ..... 7 7
- Refused ..... 9 9

**Do not  
read these  
responses**

	10.9. About how much do you weigh without shoes?	(137-139)
<b>Round fractions up</b>	Weight .....	<u>    </u> pounds
	Don't know/Not sure .....	7 7 7
	Refused .....	9 9 9
	10.10. About how tall are you without shoes?	(140-142)
<b>Round fractions down</b>	Height .....	<u>    </u> / <u>    </u> ft/inches
	Don't know/Not sure .....	7 7 7
	Refused .....	9 9 9
	10.11. What county do you live in?	(143-145)
	FIPS county code .....	<u>    </u> <u>    </u> <u>    </u>
	Don't know/Not sure .....	7 7 7
	Refused .....	9 9 9
	10.12. Do you have more than one telephone number in your household?	(146)
	a. Yes .....	1
	b. No <i>Go to Q10.14 (p. 24)</i> .....	2
	Refused <i>Go to Q10.14 (p. 24)</i> .....	9

10.13. How many residential telephone numbers do you have? (147)

<b>Exclude dedicated fax and computer lines</b>	Total telephone numbers <i>[8 = 8 or more]</i> .....	—
	Refused .....	9

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

10.14. Indicate sex of respondent. *Ask Only if Necessary* (148)

Male <i>Go to Q12.1 (p. 29)</i> .....	1
Female .....	2

## Section 11: Women's Health

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (149)
- a. Yes ..... 1
  - b. No *Go to Q11.4 (p. 26)* ..... 2
  - Don't know/Not sure *Go to Q11.4 (p. 26)* ..... 7
  - Refused *Go to Q11.4 (p. 26)* ..... 9
- 11.2. How long has it been since you had your last mammogram? (150)
- Read only if Necessary*
- a. Within the past year (1 to 12 months ago) ..... 1
  - b. Within the past 2 years (1 to 2 years ago) ..... 2
  - c. Within the past 3 years (2 to 3 years ago) ..... 3
  - d. Within the past 5 years (3 to 5 years ago) ..... 4
  - e. 5 or more years ago ..... 5
  - Don't know/Not sure ..... 7
  - Refused ..... 9

- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (151)
- a. Routine checkup ..... 1
  - b. Breast problem other than cancer ..... 2
  - c. Had breast cancer ..... 3
  - Don't know/Not sure ..... 7
  - Refused ..... 9
- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (152)
- a. Yes ..... 1
  - b. No *Go to Q11.7 (p. 27)* ..... 2
  - Don't know/Not sure *Go to Q11.7 (p. 27)* ..... 7
  - Refused *Go to Q11.7 (p. 27)* ..... 9
- 11.5. How long has it been since your last breast exam? (153)
- Read Only if Necessary*
- a. Within the past year (1 to 12 months ago) ..... 1
  - b. Within the past 2 years (1 to 2 years ago) ..... 2
  - c. Within the past 3 years (2 to 3 years ago) ..... 3
  - d. Within the past 5 years (3 to 5 years ago) ..... 4
  - e. 5 or more years ago ..... 5
  - Don't know/Not sure ..... 7
  - Refused ..... 9

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (154)

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

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (155)

- a. Yes ..... 1
- b. No *Go to Q11.10 (p. 28)* ..... 2
- Don't know/Not sure *Go to Q11.10 (p. 28)* ..... 7
- Refused *Go to Q11.10 (p. 28)* ..... 9

11.8. How long has it been since you had your last Pap smear? (156)

*Read Only if Necessary*

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

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (157)

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

11.10. Have you had a hysterectomy? (158)

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

- a. Yes *Go to Q12.1 (p. 29)* ..... 1
- b. No ..... 2
- Don't know/Not sure ..... 7
- Refused ..... 9

**→ If respondent 45 years old or older, go to Q12.1 (p. 29)**

11.11. To your knowledge, are you now pregnant? (159)

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

**Section 12: Immunization**

12.1. During the past 12 months, have you had a flu shot? (160)

- a. Yes ..... 1
- b. No *Go to Q12.3* ..... 2
  - Don't know/Not sure *Go to Q12.3* ..... 7
  - Refused *Go to Q12.3* ..... 9

12.2 At what kind of place did you get your last flu shot? (161-162)

Place code .....     

*Read Only if Necessary*

- a. A doctor's office or health maintenance organization ..... 0 1
- b. A health department ..... 0 2
- c. Another type of clinic or health center  
*[Example: a community health center]* ..... 0 3
- d. A senior, recreation, or community center ..... 0 4
- e. A store *[Examples: supermarket, drug store]* ..... 0 5
- f. A hospital or emergency room ..... 0 6
- g. Workplace ..... 0 7
- h. Other *[specify]* \_\_\_\_\_ ..... 0 8
  - Don't know/Not sure ..... 7 7
  - Refused ..... 9 9

12.3. Have you ever had a pneumonia vaccination? (163)

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

## Section 13: Colorectal Cancer Screening

→ If respondent 40 years or older, continue with Q13.1. Otherwise, go to Q14.1 (p. 32).

- 13.1. 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? (164)
- a. Yes ..... 1
  - b. No *Go to Q13.3* ..... 2
    - Don't know/Not sure *Go to Q13.3* ..... 7
    - Refused *Go to Q13.3* ..... 9
- 13.2. When did you have your last blood stool test using a home kit? (165)
- Read Only if Necessary*
- a. Within the past year (1 to 12 months ago) ..... 1
  - b. Within the past 2 years (1 to 2 years ago) ..... 2
  - c. Within the past 5 years (2 to 5 years ago) ..... 3
  - d. 5 or more years ago ..... 4
    - Don't know/Not sure ..... 7
    - Refused ..... 9
- 13.3. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (166)
- a. Yes ..... 1
  - b. No *Go to Q14.1 (p. 32)* ..... 2
    - Don't know/Not sure *Go to Q14.1 (p. 32)* ..... 7
    - Refused *Go to Q14.1 (p. 32)* ..... 9

13.4. When did you have your last sigmoidoscopy or colonoscopy? (167)

*Read Only if Necessary*

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

## Section 14: Injury Control

→ If core Q10.5a, b, and c are all "None," go to Q14.3 (p. 33).

	14.1. What is the age of the oldest child in your household under the age of 16?	(168-169)
Code <1 yr. as "01"	a. Code age in years .....	__
	b. No children under age 16 <i>Go to Q14.3 (p. 33)</i> .....	8 8
	Don't know/Not sure <i>Go to Q14.3 (p. 33)</i> .....	7 7
	Refused <i>Go to Q14.3 (p. 33)</i> .....	9 9

→ If oldest child 5 years or older, continue with Q14.2. Otherwise, go to Q14.3 (p. 33).

	14.2. During the past year, how often has the <i>[fill in age from Q14.1]</i> -year-old child worn a bicycle helmet when riding a bicycle?	(170)
	Would you say: <i>Please Read</i>	
	a. Always .....	1
	b. Nearly Always .....	2
	c. Sometimes .....	3
	d. Seldom .....	4
	<b>or</b>	
	e. Never .....	5
	Don't know/Not sure .....	7
Do not read these responses	Never rides a bicycle .....	8
	Refused .....	9

14.3. When was the last time you or someone else deliberately tested all of the smoke detectors in your home? (171)

*Read Only if Necessary*

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



15.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (175)

Would you say: *Please Read*

- a. High ..... 1
- b. Medium ..... 2
- c. Low ..... 3
- or**
- d. None ..... 4
- Not applicable *Go to Q15.7a (p. 36)* ..... 5
- Don't know/Not sure ..... 7
- Refused ..... 9

**Do not  
read these  
responses**

15.4. Have you donated blood since March 1985? (176)

- a. Yes ..... 1
- b. No *Go to Q15.6a (p. 36)* ..... 2
- Don't know/Not sure *Go to Q15.6a (p. 36)* ..... 7
- Refused *Go to Q15.6a (p. 36)* ..... 9

15.5. Have you donated blood in the past 12 months? (177)

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

15.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (178)

**Include  
saliva  
tests**

- a. Yes *Go to Q15.7 (p. 36)* ..... 1
- b. No *Go to Closing Statement* ..... 2
- Don't know/Not sure *Go to Closing Statement* ..... 7
- Refused *Go to Closing Statement* ..... 9

15.6a. Have you ever been tested for HIV? (179)

**Include  
saliva  
tests**

- a. Yes *Go to Q15.7a* ..... 1
- b. No *Go to Closing Statement* ..... 2
- Don't know/Not sure *Go to Closing Statement* ..... 7

Refused *Go to Closing Statement* ..... 9

15.7. Not including your blood donations, have you been tested for HIV in the past 12 months?  
(180)

**Include  
saliva  
tests**

a. Yes *Go to Q15.8 (p. 37)* ..... 1

b. No *Go to Closing Statement* ..... 2

Don't know/Not sure *Go to Closing Statement* ..... 7

Refused *Go to Closing Statement* ..... 9

15.7a. Have you been tested for HIV in the past 12 months? (181)

**Include  
saliva  
tests**

a. Yes ..... 1

b. No *Go to Closing Statement* ..... 2

Don't know/Not sure *Go to Closing Statement* ..... 7

Refused *Go to Closing Statement* ..... 9

15.8. What was the main reason you had your last test for HIV? (182-183)

Reason code . . . . .     

*Read Only if Necessary*

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

15.9. Where did you have your last test for HIV?

(184-185)

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

15.10. Did you receive the results of your last test?	(186)
a. Yes .....	1
b. No <i>Go to Closing Statement</i> .....	2
Don't know/Not sure <i>Go to Closing Statement</i> .....	7
Refused <i>Go to Closing Statement</i> .....	9
15.11. Did you receive counseling or talk with a health care professional about the results of your test?	(187)
a. Yes .....	1
b. No .....	2
Don't know/Not sure .....	7
Refused .....	9

### **Closing Statement**

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

**or**

### **Transition to Modules and/or State-added Questions**

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

### Module 3: Family Planning

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

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

→ If pregnant now ("Yes" to core Q11.11), go to Q2a.

1. Have you been pregnant in the last 5 years? (222)
    - a. Yes ..... 1
    - b. No *Go to Q3* ..... 2
    - Don't know/Not sure *Go to Q3* ..... 7
    - Refused *Go to Q3* ..... 9
  
  2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (223)

Would you say: *Please Read*

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

2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (224)

Would you say: *Please Read*

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

→ If respondent had hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11), go to Q6.  
 → If respondent has no sex partners ("None" to Q1 in Sexual Behavior module), go to Q6.

3. Are you or your *[fill in (husband/partner) from core Q10.4]* using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (225)

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

4. What kinds of birth control are you or your *[fill in (husband/partner) from core Q10.4]* using now? (226-227)

Kind Code ..... **---**

*Read Only if Necessary*

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

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

5. What are your reasons for not using any birth control now? (228-229)

Reason Code \_\_\_\_\_

*Read Only if Necessary*

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

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

6. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns? (230)

Would you say: *Please Read*

Do not read these responses

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

	7.	Have you ever used the services at a family planning clinic?	(231)
<b>Example: a Planned Parenthood clinic</b>	a.	Yes .....	1
	b.	No <i>Go to Next Module</i> .....	2
		Don't know/not sure <i>Go to Next Module</i> .....	7
		Refused <i>Go to Next Module</i> .....	9
	8.	How long has it been since you used the services at a family planning clinic?	(232)
		<i>Read Only if Necessary</i>	
	a.	Within the past year (1 to 12 months ago) .....	1
	b.	Within the past 2 years (1 to 2 years ago) .....	2
	c.	Within the past 3 years (2 to 3 years ago) .....	3
	d.	Within the past 5 years (3 to 5 years ago) .....	4
	e.	5 or more years ago .....	5
		Don't know/Not sure .....	7
		Refused .....	9

# Maryland Module 1: Sexual Behavior

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

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

1. At what age did you have your first sexual intercourse? (415-416)
  - a. Code age in years ..... \_\_\_\_\_
  - b. Don't know/ Not sure .....0 7
  - Refused .....0 9
  
2. During the past twelve months, with how many people have you had sexual intercourse? (417-418)
  - a. Number (76 = 76 or more) ..... \_\_\_\_\_
  - b. None (Next module) ..... 8 8
  - Don't know/ Not sure ..... 7 7
  - Refused .....9 9
  
3. Was a condom used the last time you had sexual intercourse?
  - a. Yes ..... \_\_\_\_\_
  - b. No ..... 2 2
  - Don't know/ Not sure ..... 7 7
  - Refused .....9 9
  
4. How many new sex partners did you have during the past twelve months?
  - a. Number (76 = 76 or more) ..... \_\_\_\_\_
  - b. None (Next module) ..... 8 8
  - Don't know/ Not sure ..... 7 7
  - Refused .....9 9

5. In the past five years, have you been treated for a sexually transmitted or venereal disease?
- |                                       |       |       |
|---------------------------------------|-------|-------|
| a. Yes .....                          | _____ | _____ |
| b. No (Go to Q6) .....                | 2     | 2     |
| Don't know/ Not sure (Go to Q6) ..... | 7     | 7     |
| Refused (Go to Q6) .....              | 9     | 9     |
6. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months?
- |  |       |       |
|--|-------|-------|
| a. Yes .....                             | _____ | _____ |
| b. No (Next module) .....                | 2     | 2     |
| Don't know/ Not sure (Next module) ..... | 7     | 7     |
| Refused (Next module) .....              | 9     | 9     |
7. Did you make any of the following changes in the past 12 months?
- a. Did you decrease the number of sexual partners or become abstinent?
- |  |       |       |
|--|-------|-------|
| a. Yes .....                           | _____ | _____ |
| b. No (Go to Q7b) .....                | 2     | 2     |
| Don't know/ Not sure (Go to Q7b) ..... | 7     | 7     |
| Refused (Go to Q7b) .....              | 9     | 9     |
- b. Do you now have a sexual intercourse with only one partner?
- |  |       |       |
|--|-------|-------|
| a. Yes .....                           | _____ | _____ |
| b. No (Go to Q7b) .....                | 2     | 2     |
| Don't know/ Not sure (Go to Q7b) ..... | 7     | 7     |
| Refused (Go to Q7b) .....              | 9     | 9     |

c. Do you always use condoms for protection?		
a. Yes .....	_____	_____
b. No (Next Module) .....	2	2
Don't know/ Not sure (Next Module) .....	7	7
Refused (Next module) .....	9	9

# Maryland Module 2: Family History of Breast Cancer

Ask of all female respondents.

1. Did your mother and/or sister develop breast cancer before the age of 50?
  - a. Yes .....1
  - b. No (Next Module) .....2
  - Don't know/Not sure (Next module) .....7
  - Refused (next module) .....9

## Module 3: Prostate Screening

If respondent is 40 years or older and male, continue with this module, otherwise, go to the next module

1. Have you ever had the PSA test (that is, a Prostate Specific Antigen test which looks for indicators of prostate cancer)? (428)

- a. Yes .....1
- b. No (*Next Module*) .....2
- Don't know/Not sure (*Next Module*) .....7
- Never heard of a PSA (*Next Module*) .....8
- Refused (*Next Module*) .....9

2. When did you have your last PSA test done? (429)

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

## Maryland Module 4: Colon Cancer Screening (ask only of adults aged 50 and older).

1. Has your stool ever been tested for colorectal cancer, by a doctor, nurse or other health professional? (430)
  - a. Yes .....1
  - b. No .....2
  - Don't know (Next Module) .....7
  - Refused (Next Module) .....9
  
2. When was this test last performed? (431)
  - a. Within the past year (1 to 12 months ago) .....1
  - b. Within the past 2 years (1 to 2 years ago) .....2
  - c. Within the past 3 years (2 to 3 years ago) .....3
  - d. Within the past 5 years (3 to 5 years ago) .....4
  - e. 5 or more years ago .....5
  - Don't know/Not sure (Next Module) .....7
  - Refused (Next Module) .....9

## Maryland Module 5: Readiness to Quit Smoking

Ask of all respondents who are everyday or someday smokers. Otherwise, go to the next module.

1. Have you seriously considered quitting smoking in the next 6 months? (432)
  - a. Yes (go to Q2) . . . . .1
  - b. No (Next module) . . . . .2
  - Don't know/Not sure (Next Module) . . . . .7
  - Refused (Next Module) . . . . .9
  
2. Are you planning to quit the next 30 days? (433)
  - c. Yes (go to Q2) . . . . .1
  - d. No (Next module) . . . . .2
  - Don't know/Not sure (Next Module) . . . . .7
  - Refused (Next Module) . . . . .9

## Maryland Module 6: Sunburns

1. What would happen to your back after your first half-hour of sun exposure in the summer without clothing or sun protection? (434)
  - a. Always burn, never tan .....1
  - b. Usually burn, tan with difficulty .....2
  - c. Sometimes mild burn, tan about average .....3
  - d. Rarely burn, tan above average .....4
  - e. Neither burn nor tan .....5
  - Don't know/Not sure .....7
  - Refused. ....9
  
2. Before you were 18, did you ever have severe sunburn with blistering or extreme tenderness? (435)
  - a. Yes .....1
  - b. No (Next Module) .....2
  - Don't know/Not sure (Next Module) .....7
  - Refused (Next Module) .....9
  
3. Can you recall how many times?
  - a. 1 to 2 times in your lifetime .....1
  - b. 3 to 5 times in your lifetime .....2
  - c. 6 to 10 times in your lifetime .....3
  - d. 10 or more times in your lifetime .....4
  - Don't know/Not sure (Next Module) .....7
  - Refused (Next Module) .....9

## Maryland Module 7: Pfiesteria Module

1. Have you heard of Pfiesteria, the microorganism that has been found in some Maryland waterways or tidal streams?

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

2. How have you heard of Pfiesteria? Did you hear about it through:

	Yes	No	DK	Refused
a. Media sources (newspapers, TV, radio)	1	2	7	9
b. Government sources, bulletins, advisories	1	2	7	9
c. Industry, retailers, restaurants	1	2	7	9

3. Has the occurrence of toxic Pfiesteria affected your behavior in any way?

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

4. How has your awareness of Pfiesteria affected your behavior? Have you:

	Yes	No	DK	Refused
a. Changed the amount of seafood you eat	1	2	7	9
b. Changed recreational plans or activities to avoid possible exposure	1	2	7	9
c. Changed work activities or locations to avoid possible exposure	1	2	7	9