

# 2002 Maryland Behavioral Risk Factor Surveillance System

Section 1: Health Status.....	3
Section 2: Health Care Access.....	4
Section 3: Exercise .....	6
Section 4: Fruits and Vegetables .....	7
Section 5: Asthma.....	9
Section 6: Diabetes .....	10
Section 7: Oral Health .....	11
Section 8: Immunization.....	12
Section 9: Tobacco Use .....	13
Section 10: Alcohol Consumption.....	14
Section 11: Use of Seatbelts .....	15
Section 12: Demographics .....	16
Section 13: Family Planning.....	20
Section 14: Women’s Health.....	22
Section 15: Prostate Cancer Screening .....	24
Section 16: Colorectal Cancer Screening.....	26
Section 17: HIV/AIDS.....	27
Section 18: Firearms .....	30
Module 1: Diabetes.....	31
Module 4: Physical Activity .....	34
Module 7: Health Care Coverage and Utilization.....	36
Module 12: Weight Control.....	38
Module 16: Arthritis Module.....	40
State-Added: Asthma.....	42
State-Added: Lead .....	43
State-Added: Mental Health .....	44
Closing Statement.....	46

HELLO, I'm calling for the (health department) and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of (state) residents. Your phone number has been chosen randomly, and I'd 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?      **If "no"**      Thank you very much, but we are only interviewing 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 women below (Ask gender if necessary). Go to page 2**

**If "no"**      Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [**fill in (him/her) from previous question**]? **Go to "correct respondent" at bottom of 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 2}**

**To correct respondent:**

HELLO, I'm (name) calling for the Maryland Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention. We're gathering information on the health of **Maryland** residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

## Section 1: Health Status

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

(72)

**[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: 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? (73)

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

2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

**[IF "NO," ASK "IS THERE MORE THAN ONE OR IS THERE NO PERSON WHO YOU THINK OF?"]**

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

2.3. When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

**WOULD YOU SAY: [PLEASE READ]**

- |   |   |
|---|---|
| 1 | A doctor's office                                 |
| 2 | A public health clinic or community health center |
| 3 | A hospital outpatient department                  |
| 4 | A hospital emergency room                         |
| 5 | Urgent care center                                |
| 6 | Some other kind of place                          |
| 8 | No usual place                                    |

**[DO NOT READ.]**

- |   |            |
|---|------------|
| 7 | Don't know |
| 9 | Refused    |

2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

- |   |            |                             |
|---|------------|-----------------------------|
| 1 | Yes        | <b>{Go to Q 2.5}</b>        |
| 2 | No         | <b>{Go to Next Section}</b> |
| 7 | Don't know | <b>{Go to Next Section}</b> |
| 9 | Refused    | <b>{Go to Next Section}</b> |

2.5. What is the main reason you did not get medical care? (77-78)

**[NOTE: IF MORE THAN ONE INSTANCE ASK ABOUT THE MOST RECENT.]**

**WOULD YOU SAY: [PLEASE READ]**

- |    |  |
|----|--|
| 01 | Cost <b>[Include no insurance]</b>         |
| 02 | Distance                                   |
| 03 | Office wasn't open when I could get there. |
| 04 | Too long a wait for an appointment         |
| 05 | Too long a wait in waiting room            |
| 06 | No child-care                              |

**[DO NOT READ.]**

07	No transportation
08	No access for people with disabilities
09	The medical provider didn't speak my language.
10	Other
77	Don't know/ Not sure
99	Refused

### Section 3: Exercise

3.1. 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? (79)

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

## Section 4: Fruits and Vegetables

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

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

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

4.2. Not counting juice, how often do you eat fruit? (83-85)

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

4.3. How often do you eat green salad? (86-88)

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

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

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

4.5. How often do you eat carrots?

(92-94)

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

4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

(95-97)

**[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



## Section 5: Asthma

5.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma? (98)

1	Yes	
2	No	<b>{Go to Next Section}</b>
7	Don't know/Not sure	<b>{Go to Next Section}</b>
9	Refused	<b>{Go to Next Section}</b>

5.2. Do you still have asthma? (99)

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?

(100)

**[IF “YES” AND FEMALE, ASK “WAS THIS ONLY WHEN YOU WERE PREGNANT?”]**

- |   |  |
|---|--|
| 1 | Yes  |
| 2 | Yes, but female told only during pregnancy |
| 3 | No   |
| 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? (101)

**[INCLUDE VISITS TO DENTAL SPECIALISTS, SUCH AS ORTHODONTISTS]**

**[READ ONLY IF NECESSARY]**

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

7.2. 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"]**

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

**{IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION}**

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

**[READ ONLY IF NECESSARY]**

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

## Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- |   |                     |              |
|---|---------------------|--------------|
| 1 | Yes                 |              |
| 2 | No                  | {Go to Q8.3} |
| 7 | Don't know/Not sure | {Go to Q8.3} |
| 9 | Refused             | {Go to Q8.3} |

8.2. At what kind of place did you get your last flu shot? (105-106)

### WOULD YOU SAY: [READ ONLY IF NECESSARY]

- |    |  |
|----|--|
| 01 | A doctor's office or health maintenance organization                                   |
| 02 | A health department  |
| 03 | Another type of clinic or health center<br><b>[Example: a community health center]</b> |
| 04 | A senior, recreation, or community center  |
| 05 | A store <b>[Examples: supermarket, drug store]</b>                                     |
| 06 | A hospital or emergency room   |
| 07 | Workplace  |
|    | <b>or</b>  |
| 08 | Some other kind of place   |
| 77 | Don't know   |
| 99 | Refused  |

8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)

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

## Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

**[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}

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

1	Every day	
2	Some days	
3	Not at all	{Go to Next Section}
9	Refused	{Go to Next Section}

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

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

## Section 10: Alcohol Consumption

- 10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (111-113)

1	___ ___	Days per week	
2	___ ___	Days in past 30	
8 8 8		No drinks in past 30 days	<b>{Go to Next Section}</b>
7 7 7		Don't know/Not sure	<b>{Go to Next Section}</b>
9 9 9		Refused	<b>{Go to Next Section}</b>

- 10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

___ ___	Number of drinks
77	Don't know/Not sure
99	Refused

- 10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

___ ___	Number of times
88	None
77	Don't know/Not sure
99	Refused

- 10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

___ ___	Number of times
88	None
77	Don't know/Not sure
99	Refused

## Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car?

(120)

- |   |                              |
|---|------------------------------|
| 1 | Always                       |
| 2 | Nearly always                |
| 3 | Sometimes                    |
| 4 | Seldom                       |
| 5 | Never                        |
| 7 | Don't know/Not sure          |
| 8 | Never drive or ride in a car |
| 9 | Refused                      |

**[DO NOT READ]**

## Section 12: Demographics

12.1. What is your age? (121-122)

— —	Code age in years
07	Don't know/Not sure
09	Refused

12.2. Are you Hispanic or Latino? (123)

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? (124-129)

**[PLEASE READ] [MARK ALL THAT APPLY]**

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian, Alaska Native
<b>or</b>	
6	Other <b>[specify]</b> _____
8	No additional choices

**[DO NOT READ]**

7	Don't know/Not sure
9	Refused

**{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? (130)

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



12.5. Are you: (131)

**[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

12.6. How many children less than 18 years of age live in your household ? (132-133)

- — Number of children
- 88 None
- 99 Refused

12.7. What is the highest grade or year of school you completed? (134)

**[READ ONLY IF NECESSARY]**

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

12.8. Are you currently: (135)

**[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

12.9. Is your annual household income from all sources: (136-137)

**[READ AS APPROPRIATE]**

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

**[DO NOT READ]**

77	Don't know/Not sure
99	Refused

12.10. About how much do you weigh without shoes? (138-140)

\_\_\_ \_\_\_ Weight  
pounds **[ROUND FRACTIONS UP]**  
777 Don't know/Not sure  
999 Refused

12.11. About how tall are you without shoes? (141-143)

\_\_\_/\_\_\_ Height  
ft/inches **[ROUND FRACTIONS DOWN]**  
777 Don't know/Not sure  
999 Refused

12.12. What county do you live in? (144-146)

\_\_\_ \_\_\_ FIPS county code  
777 Don't know/Not sure  
999 Refused

12.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (147)

1	Yes	
2	No	{Go to Q12.15}
7	Don't know/Not sure	{Go to Q12.15}
9	Refused	{Go to Q12.15}

12.14. How many of these are residential numbers? (148)

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

12.15. Indicate sex of respondent. (149)

**[ASK ONLY IF NECESSARY]**

1 Male {Go to Next Section}  
2 Female

**{If respondent 45 years old or older, go to Q13.1. }**

12.16. To your knowledge, are you now pregnant? (150)

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

## Section 13: Family Planning

If respondent is female and 45 years of age or older, or pregnant, or male 60 years or older, go to next section.

### QUESTIONS ARE ASKED OF FEMALES 18-44 YEARS OF AGE AND MALES 18-59 YEARS OF AGE.

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

- 13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert "you"; insert "her" if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(151)

#### [IF MULTIPLE PARTNERS, CONSIDER USUAL METHOD.]

- |   |                                |                      |
|---|--------------------------------|----------------------|
| 1 | Yes                            |                      |
| 2 | No                             | {Go to 13.4}         |
| 3 | No partner/not sexually active | {Go to Next Section} |
| 4 | Same sex partner               | {Go to Next Section} |
| 7 | Don't know/Not sure            | {Go to Next Section} |
| 9 | Refused                        | {Go to Next Section} |

- 13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert you; insert her if male] from getting pregnant?

(152-153)

#### [INTERVIEWER: RECORD RESPONDENT'S CONDITION IF BOTH HAVE HAD STERILIZATION PROCEDURES]

##### [READ ONLY IF NECESSARY]

- |    |  |                      |
|----|--|----------------------|
| 01 | Tubes tied (sterilization)               | {Go to Next Section} |
| 02 | Vasectomy (sterilization)                | {Go to Next Section} |
| 03 | Pill                                     |                      |
| 04 | Condoms                                  |                      |
| 05 | Foam, jelly, cream                       |                      |
| 06 | Diaphragm                                |                      |
| 07 | Norplant                                 |                      |
| 08 | IUD                                      |                      |
| 09 | Shots (Depo-Provera)                     |                      |
| 10 | Withdrawal                               |                      |
| 11 | Not having sex at certain times (rhythm) |                      |
| 12 | No partner/Not sexually active           | {Go to Next Section} |
| 13 | Other method(s)                          |                      |
| 77 | Don't know/not sure                      | {Go to Next Section} |
| 99 | Refused                                  | {Go to Next Section} |

13.3. What other method are you also using to prevent pregnancy?

(154-155)

**[READ ONLY IF NECESSARY]**

01	Tubes tied (sterilization)	{Go to Next Section}
02	Vasectomy (sterilization)	{Go to Next Section}
03	Pill	{Go to Next Section}
04	Condoms	{Go to Next Section}
05	Foam, jelly, cream	{Go to Next Section}
06	Diaphragm	{Go to Next Section}
07	Norplant	{Go to Next Section}
08	IUD	{Go to Next Section}
09	Shots (Depo-Provera)	{Go to Next Section}
10	Withdrawal	{Go to Next Section}
11	Not having sex at certain times (rhythm)	{Go to Next Section}
12	No partner/Not sexually active	{Go to Next Section}
13	Other methods(s)	{Go to Next Section}
87	NO other method(s)	{Go to Next Section}
77	Don't know/not sure	{Go to Next Section}
99	Refused	{Go to Next Section}

13.4. {FEMALES} What is your main reason for not doing anything to keep you from getting pregnant?

{MALES} What is your main reason for not doing anything to keep your partner from getting pregnant?

(156-157)

**[READ ONLY IF NECESSARY]**

01	Not sexually active/no partner
02	Didn't think was going to have sex/no regular partner
03	You want a pregnancy
04	You or your partner don't want to use birth control
05	You or your partner don't like birth control/fear side effects
06	You can't pay for birth control
07	Lapse in use of a method
08	Don't think you or your partner can get pregnant
09	You or your partner had tubes tied (sterilization)
10	You or your partner had a vasectomy (sterilization)
11	You or your partner had a hysterectomy
12	You or your partner are too old
13	You or your partner are currently breast-feeding
14	You or your partner just had a baby/postpartum
15	Other reason
16	Don't care if get pregnant
17	Same sex partner
18	Partner is pregnant now
77	Don't know/not sure
99	Refused

**{If respondent is male, Go to Next Section.}**

## **Section 14: Women's Health**

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (158)

- |   |                     |                      |
|---|---------------------|----------------------|
| 1 | Yes                 |                      |
| 2 | No                  | <b>{Go to Q14.3}</b> |
| 7 | Don't know/Not sure | <b>{Go to Q14.3}</b> |
| 9 | Refused             | <b>{Go to Q14.3}</b> |

14.2. How long has it been since you had your last mammogram? (159)

### **[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 5 years ago)      |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

14.3. 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? (160)

- |   |                     |                      |
|---|---------------------|----------------------|
| 1 | Yes                 |                      |
| 2 | No                  | <b>{Go to Q14.5}</b> |
| 7 | Don't know/Not sure | <b>{Go to Q14.5}</b> |
| 9 | Refused             | <b>{Go to Q14.5}</b> |

14.4. How long has it been since your last breast exam? (161)

### **[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)

- |   |                     |               |
|---|---------------------|---------------|
| 1 | Yes                 |               |
| 2 | No                  | {Go to Q14.7} |
| 7 | Don't know/Not sure | {Go to Q14.7} |
| 9 | Refused             | {Go to Q14.7} |

14.6. How long has it been since you had your last Pap smear? (163)

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

**{If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then {Go to Next Section}.}**

14.7. Have you had a hysterectomy? (164)

**[A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB)]**

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

## Section 15: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q16.1}

15.1. 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? (165)

- |   |                     |               |
|---|---------------------|---------------|
| 1 | Yes                 |               |
| 2 | No                  | {Go to Q15.3} |
| 7 | Don't Know/not sure | {Go to Q15.3} |
| 9 | Refused             | {Go to Q15.3} |

15.2. How long has it been since you had your last PSA test? (166)

[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                                     |
| 7 | Don't know  |
| 9 | Refused   |

15.3. 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? (167)

- |   |                     |               |
|---|---------------------|---------------|
| 1 | Yes                 |               |
| 2 | No                  | {Go to Q15.5} |
| 7 | Don't know/Not sure | {Go to Q15.5} |
| 9 | Refused             | {Go to Q15.5} |

15.4. How long has it been since your last digital rectal exam? (168)

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



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

(169)

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

## Section 16: Colorectal Cancer Screening

{If respondent 49 years old or younger, go to Q17.1}

16.1. 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? (170)

- |   |                     |               |
|---|---------------------|---------------|
| 1 | Yes                 |               |
| 2 | No                  | {Go to Q16.3} |
| 7 | Don't know/Not sure | {Go to Q16.3} |
| 9 | Refused             | {Go to Q16.3} |

16.2. How long has it been since you had your last blood stool test using a home kit? (171)

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (172)

- |   |                     |                      |
|---|---------------------|----------------------|
| 1 | Yes                 |                      |
| 2 | No                  | {Go to Next Section} |
| 7 | Don't know/Not sure | {Go to Next Section} |
| 9 | Refused             | {Go to Next Section} |

16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the past 2 years (1 year but less than 2 years ago)    |
| 3 | Within the past 5 years (2 years but less than 5 years ago)   |
| 4 | Within the past 10 years (5 years but less than 10 years ago) |
| 5 | 10 or more years ago  |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

## Section 17: HIV/AIDS

{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 don't want to.

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

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (174)

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

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (175)

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

17.3. How important do you think it is for people to know their HIV status by getting tested? (176)

**WOULD YOU SAY: [PLEASE READ]**

- 1 Very important
- 2 Somewhat important
- or**
- 3 Not at all important

**[DO NOT READ]**

- 8 Depends on risk
- 7 Don't know/Not sure
- 9 Refused

17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (177)

**[INCLUDE SALIVA TESTS]**

- 1 Yes
- 2 No {Go to Q17.8}
- 7 Don't know/Not sure {Go to Q17.8}
- 9 Refused {Go to Q17.8}

17.5. Not including blood donations, in what month and year was your last HIV test? (178-183)

**[INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW".]**

**[INCLUDE SALIVA TESTS]**

___/___	Code month and year
777777	Don't know/Not sure
99999 9	Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (184-185)

**[PLEASE READ]**

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

**[DO NOT READ]**

7 7	Don't Know/Not Sure
9 9	Refused

17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (186-187)

___	Facility code
01	Private doctor or HMO
02	Counseling and testing site
03	Hospital
04	Clinic
05	In a jail or prison (or other correctional facility)
06	Home
07	Somewhere else

**[DO NOT READ]**

7 7	Don't Know/Not Sure
9 9	Refused

17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (188)

- 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?

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

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

17.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use? (189)

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

## Section 18: Firearms

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

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1 Are any firearms kept in or around your home? (190)

1	Yes	
2	No	{Go to next section}
7	Don't Know/Not Sure	{Go to next section}
9	Refused	{Go to next section}

18.2 Are any of these firearms now loaded? (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}

18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)

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

## Module 1: Diabetes

### TO BE ASKED FOLLOWING CORE Q6.1 IF RESPONSE IS "YES"

1. How old were you when you were told you have diabetes? (193-194)
- |     |                                       |
|-----|---------------------------------------|
| ___ | Code age in years [97 = 97 and older] |
| 9 8 | Don't know/Not sure                   |
| 9 9 | Refused                               |
2. Are you now taking insulin? (195)
- |   |         |
|---|---------|
| 1 | Yes     |
| 2 | No      |
| 9 | Refused |
3. Are you now taking diabetes pills? (196)
- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (197-199)
- |      |                     |
|------|---------------------|
| 1___ | Times per day       |
| 2___ | Times per week      |
| 3___ | Times per month     |
| 4___ | Times per year      |
| 888  | Never               |
| 777  | Don't know/Not sure |
| 999  | Refused             |
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)
- |      |                     |
|------|---------------------|
| 1___ | Times per day       |
| 2___ | Times per week      |
| 3___ | Times per month     |
| 4___ | Times per year      |
| 888  | Never               |
| 555  | No feet             |
| 777  | Don't know/Not sure |
| 999  | Refused             |

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)

- Number of times [**76 = 76 or more**]
- 88 None
- 77 Don't know/Not sure
- 99 Refused

8. A test for hemoglobin "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 hemoglobin "A one C"? (206-207)

- Number of times [**76 = 76 or more**]
- 88 None
- 98 Never heard of hemoglobin "A one C" test
- 77 Don't know/Not sure
- 99 Refused

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

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

- Number of times [**76 = 76 or more**]
- 88 None
- 77 Don't know/Not sure
- 99 Refused



10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210)

**[READ ONLY IF NECESSARY]**

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (212)

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

**Module 4: Physical Activity**

{If "employed" or "self-employed" to core Q12.8, continue. Otherwise go to Q2.}

1. When you are at work, which of the following best describes what you do? (218)

Would you say: **[PLEASE READ]**

**[IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS]**

- 1 Mostly sitting or standing
- 2 Mostly walking
- or**
- 3 Mostly heavy labor or physically demanding work
- 7 Don't know/Not sure
- 9 Refused

**[DO NOT READ]**

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.

2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** 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 small increases in breathing or heart rate? (219)

- 1 Yes
- 2 No **{Go to Q5}**
- 7 Don't know/Not sure **{Go to Q5}**
- 9 Refused **{Go to Q5}**

3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (220-221)

- Days per week
- 88 Do not do any moderate physical activity for at least 10 minutes at a time **{Go to Q5}**
- 77 Don't know/Not sure
- 99 Refused

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? (222-224)

—	Hours and minutes per day
777	Don't know/Not sure
999	Refused

5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q12.8]** 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? (225)

1	Yes	
2	No	{Go to next module}
7	Don't know/Not sure	{Go to next module}
9	Refused	{Go to next module}

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (226-227)

—	Days per week
88	Do not do any vigorous physical activity for at least 10 minutes at a time {Go to next module}
77	Don't know/Not sure {Go to next module}
99	Refused {Go to next module}

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? (228-230)

—	Hours and minutes per day
777	Don't know/Not sure
999	Refused

## Module 7: Health Care Coverage and Utilization

1. About how long has it been since you last visited a doctor for a routine checkup? (256)

**[A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS OR CONDITION]**

**[READ ONLY IF NECESSARY]**

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

{If "no" to Q2.1 continue, else go to next module}

Previously you said that you did not have any kind of health care coverage.

2. What is the main reason you are without health care coverage? (257-258)

**[READ ONLY IF NECESSARY]**

—	Reason Code
0 1	Lost job or changed employers
0 2	Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
0 3	Became divorced or separated
0 4	Spouse or parent died
0 5	Became ineligible because of age or because left school
0 6	Employer doesn't offer or stopped offering coverage
0 7	Cut back to part time or became temporary employee
0 8	Benefits from employer or former employer ran out
0 9	Couldn't afford to pay the premiums
1 0	Insurance company refused coverage
1 1	Lost Medicaid or Medical Assistance eligibility
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

3. About how long has it been since you had health care coverage?

(259)

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past 6 months (anytime less than 6 months ago)   |
| 2 | Within the past year (6 months but less than 12 months ago) |
| 3 | Within the past 2 years (1 year but less than 2 years ago)  |
| 4 | Within the past 5 years (2 years but less than 5 years ago) |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 8 | Never   |
| 9 | Refused   |

## Module 12: Weight Control

1. Are you now trying to lose weight? (311)

- |   |                     |             |
|---|---------------------|-------------|
| 1 | Yes                 | {Go to Q3 } |
| 2 | No                  |             |
| 7 | Don't know/Not sure |             |
| 9 | Refused             |             |

2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (312)

- |   |                     |            |
|---|---------------------|------------|
| 1 | Yes                 |            |
| 2 | No                  | {Go to Q6} |
| 7 | Don't know/Not sure | {Go to Q6} |
| 9 | Refused             | {Go to Q6} |

3. Are you eating either fewer calories or less fat to. (313)

lose weight? [if "Yes" on Q1]

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

keep from gaining weight? [if "Yes" on Q2]

[PROBE FOR WHICH]

- |   |                                  |
|---|----------------------------------|
| 1 | Yes, fewer calories              |
| 2 | Yes, less fat                    |
| 3 | Yes, fewer calories and less fat |
| 4 | No                               |
| 7 | Don't know/Not sure              |
| 9 | Refused                          |

4. Are you using physical activity or exercise to... (314)

a. lose weight? [if "Yes" on Q1]

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

b. keep from gaining weight? [if "Yes" on Q2]

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

5. How much would you like to weigh?

(315-317)

—	Weight in pounds
7 7 7	Don't know/Not sure
9 9 9	Refused

6. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

(318)

**[PROBE FOR WHICH]**

1	Yes, lose weight
2	Yes, gain weight
3	Yes, maintain current weight
4	No
7	Don't know/Not sure
9	Refused

## Module 16: Arthritis Module

1. The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint? (346)

1	Yes	
2	No	{Go to Q4}
7	Don't Know/Not Sure	{Go to Q4}
9	Refused	{Go to Q4}

2. Did your joint symptoms FIRST begin more than 3 months ago? (347)

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

3. Have you EVER seen a doctor or other health professional for these joint symptoms? (348)

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

4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (349)

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

### INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE

- \* rheumatism, polymyalgia rheumatica
- \* osteoarthritis (not osteoporosis)
- \* tendonitis, bursitis, bunion, tennis elbow
- \* carpal tunnel syndrome, tarsal tunnel syndrome
- \* joint infection, Reiter's syndrome
- \* ankylosing spondylitis; spondylosis
- \* rotator cuff syndrome
- \* connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- \* vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

{IF EITHER Q1 = 1 OR Q4 = 1 THEN CONTINUE. OTHERWISE, {GO TO NEXT SECTION}.}



5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (350)

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

Note: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

{If age is between 18-64 continue, otherwise **{Go to Next Section}**.}

6. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?(346)

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

## State-Added: Asthma

If Core 12.6 is  $\geq 1$  go to MD1\_1, otherwise go to next section

MD1\_1. Earlier you said that there were/was **[Insert from Core 12.6]** children/child under the age of 18 living in your household. How many of these children have/ Has this child been diagnosed with asthma by a health care provider? (352-353)

Number			
None	{Go to MD2_1}	88	— —
Don't know/Not sure	{Go to MD2_1}	77	
Refused	{Go to MD2_1}	99	

MD1\_2. How old is your oldest child who has asthma? (354-355)

Age in Years			— —
None		88	
Don't know/Not sure		77	
Refused		99	

MD1\_3. In the past 12 months, what is the number of school days missed by your oldest child with asthma? (356-358)

Number of days			— — —
None		888	
Don't know/Not sure		777	
Refused		999	

## State-Added: Lead

If Core 12.6 is  $\geq 1$  go to MD1\_1, otherwise go to next section

MD2\_1. Earlier you said that there were/was [Insert from Core 12.6] children/child under the age of 18 living in your household. Has/Have your child(ren) ever lived or stayed at a home or day care center that was more than 20 years old? (359)

Yes		1
No	{Go to MD3_1}	2
Don't know/Not sure	{Go to MD3_1}	7
Refused	{Go to MD3_1}	9

MD2\_2. Has/Have any of your child(ren) had a blood test for lead poisoning? (360)

Yes		1
No	{Go to MD3_1}	2
Don't know/Not sure	{Go to MD3_1}	7
Refused	{Go to MD3_1}	9

MD2\_3. Referring to tested children, have you ever been told your child(ren) had an elevated, higher than normal, blood level? (361)

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

## State-Added: Mental Health

MD3\_1. In the past 12 months, have you seen anyone about your mental health? (362)

Yes		1
No	{Go to MD 3_3}	2
Don't know/Not sure	{Go to MD 3_3}	7
Refused	{Go to MD 3_3}	9

MD3\_2. Who did you see? (363)

Your primary care physician		1
A psychiatrist		2
Another mental health professional		3
Don't know/Not sure		7
Refused		9

MD3\_3. In your lifetime, have you ever seen anyone for a mental health problem? (364)

Yes		1
No	{Go to MD 3_5}	2
Don't know/Not sure	{Go to MD 3_5}	7
Refused	{Go to MD 3_5}	9

MD3\_4. Who did you see? (365)

Your primary care physician		1
A psychiatrist		2
Another mental health professional		3
Don't know/Not sure		7
Refused		9

MD3\_5. At any time in your life, has a physician, psychiatrist, or other mental health professional given you a diagnosis of depression? (366)

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

MD3\_6. At any time in your life, have you received treatment for depression? (367)

Yes		1
No	{Go to Closing Statement}	2
Don't know/Not sure	{Go to Closing Statement}	7
Refused	{Go to Closing Statement}	9

MD3\_7. Who provided the treatment?

(368)

Your primary care physician	1
A psychiatrist	2
Another mental health professional	3
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.