

2005

Behavioral Risk Factor Surveillance System

Maryland

Split 1

Behavioral Risk Factor Surveillance System 2005 Maryland Questionnaire – Split 1

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Interviewer's Script

HELLO, I am calling for the **Maryland Department of Health and Mental Hygiene**. My name is **(name)**. We are conducting a survey to gather information about the health of **Maryland** residents. The survey is conducted by the **Maryland Department of Health and Mental Hygiene** 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 is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing landline telephones in private residences. **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 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 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 5

To Correct Respondent: My name is **(name)** calling for the **Maryland Department of Health and Mental Hygiene.** We are conducting a survey to gather information about the health of **Maryland** residents. The survey is conducted by the **Maryland Department of Health and Mental Hygiene** 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.

I will not ask for your 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, I will provide a telephone number for you to call to get more information.

[This call may be monitored for quality assurance.]

Core Sections

Section 1: Health Status

[Split 1, 2]

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

[Split 1, 2]

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

{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

[Split 1, 2]

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? (81)

[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?*"]

- 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 yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

[Split 1, 2]

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Diabetes

[Split 1, 2]

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

Note: 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

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

Section 6: Hypertension Awareness

[Split 1, 2]

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

- 1 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

6.2. Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

[Split 1, 2]

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No [Go to next section]

- 7 Don't know / Not sure [Go to next section]
 9 Refused [Go to next section]
- 7.2. About how long has it been since you last had your blood cholesterol checked? (89)

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

- 7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)
- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Section 8: Cardiovascular Disease Prevalence

[Split 1, 2]

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

[Split 1, 2]

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: Immunization (& Adult Flu Supplemental Questions)

[Split 1, 2]

10.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

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

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

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

- 1 Yes
- 2 No [If Q10.1 is "Yes" go to Q10.4, otherwise go to Q10.6]
- 7 Don't know/Not sure [If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]
- 9 Refused [If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]

10.4 During what month and year did you receive your most recent flu vaccination?

{If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[If Don't Know, probe: "Was it before or after September 2004?"]
__/____ Month / Year Code approximate month and year)

- 777777 Don't know/Not Sure
- 999999 Refused

{If Q10.4 is DK or RF go to Q10.5}

- 10.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? {CATI fill in appropriate response from Q10.1 and q10.2.}

Read only if necessary:

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

{If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7}

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

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

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

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

{If Q10.4 is 04/2004 to present continue (ask Q10.7), otherwise go to Q10.3.}

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

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

10.3 Have you EVER had a pneumonia shot? 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?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Do not probe]**
- 9 Refused

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

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

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

-or-

Sickle cell anemia or other anemia

- 1 Yes
- 2 No **[Go to Q10.10]**
- 7 Don't know/Not sure **[Go to Q10.10]**
- 9 Refused **[Go to Q10.10]**

10.9 Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Do not probe]**
- 9 Refused

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

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

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Probe by repeating question]**
- 9 Refused

Section 11: Tobacco Use

[Split 1, 2]

11.1. Have you smoked at least 100 cigarettes in your entire life? (99)

[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? (100)

- 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? (101)

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

Section 12: Alcohol Consumption

[Split 1, 2]

12.1. 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? (102)

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

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

- 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

12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)

- | | | | |
|--|-----|-----------------------|--|
| | -- | Number of drinks | |
| | 7 7 | Don't know / Not sure | |
| | 9 9 | Refused | |
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)
- | | | | |
|--|-----|-----------------------|--|
| | -- | Number of times | |
| | 8 8 | None | |
| | 7 7 | Don't know / Not sure | |
| | 9 9 | Refused | |
- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)
- | | | | |
|--|-----|-----------------------|--|
| | -- | Number | |
| | 7 7 | Don't know / Not sure | |
| | 9 9 | Refused | |

Section 13: Demographics

[Split 1, 2]

- 13.1. What is your age? (112-113)
- | | | | |
|--|-----|-----------------------|--|
| | -- | Code age in years | |
| | 0 7 | Don't know / Not sure | |
| | 0 9 | Refused | |
- 13.2. Are you Hispanic or Latino? (114)
- | | | | |
|--|---|-----------------------|--|
| | 1 | Yes | |
| | 2 | No | |
| | 7 | Don't know / Not sure | |
| | 9 | Refused | |
- 13.3. Which one or more of the following would you say is your race? (115-120)

[Check all that apply]

Please read

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

DO NOT READ

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

{If more than one response to S13q3, continue. Otherwise, Go to S13q5.}

13.4. Which one of these groups would you say BEST represents your race? (121)

Please read

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

Do not read

- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

DO NOT READ

- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

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

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

Read only if necessary:

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

13.8. Are you currently? (126)

Please read

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

8 Unable to work

DO NOT READ

9 Refused

13.9. Is your annual household income from all sources...? (127-128)

[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

13.10. About how much do you weigh without shoes? (129-132)

{Note: If respondent answers in metrics, put "9" in column 129.}

[Round fractions up]

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

13.11. About how tall are you without shoes? (133-136)

{Note: If respondent answers in metrics, put "9" in column 133.}

[Round fractions down]

--/_-- Height
(ft./ inches/meters/centimeters)

- | | | | |
|--|---------|-----------------------|--|
| | 7 7 7 7 | Don't know / Not sure | |
| | 9 9 9 9 | Refused | |
- 13.12. What county do you live in? (137-139)
- | | | | |
|--|-------|-----------------------|--|
| | -- -- | FIPS county code | |
| | 7 7 7 | Don't know / Not sure | |
| | 9 9 9 | Refused | |
- 13.13. What is your ZIP Code where you live? (140-144)
- | | | | |
|--|-----------|-----------------------|--|
| | ----- | ZIP Code | |
| | 7 7 7 7 7 | Don't know / Not sure | |
| | 9 9 9 9 9 | Refused | |
- 13.14. 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. (145)
- | | | |
|---|--------------------------------------|--|
| 1 | Yes | |
| 2 | No [Go to Q13.16] | |
| 7 | Don't know / Not sure [Go to Q13.16] | |
| 9 | Refused [Go to Q13.16] | |
- 13.15. How many of these phone numbers are residential numbers? (146)
- | | | |
|----|---|--|
| -- | Residential telephone numbers [6=6 or more] | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 13.17. Indicate sex of respondent. [Ask only if necessary]. (148)
- | | | |
|---|---|--|
| 1 | Male [Go to next section] | |
| 2 | Female [If respondent is 45 years old or older, [Go to next section]] | |
- 13.18. To your knowledge, are you now pregnant? (149)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Section 14: Veteran's Status

[Split 1, 2]

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

14.1. 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? (150)

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

Section 15: Disability

[Split 1, 2]

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

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

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

15.2. 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? (152)

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

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

Section 16: Arthritis Burden

[Split 1, 2]

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]

9 Refused [Go to Q16.4]

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

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

16.4. 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? (156)

- 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 Q16.2=1 (Yes) or Q16.4=1 (Yes), continue. Otherwise, Go to next section.}

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

- 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."*

Section 17: Fruits & Vegetables

[Split 1, 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.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

1 __ Per day

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

17.2. Not counting juice, how often do you eat fruit? (161-163)

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

17.3. How often do you eat green salad? (164-166)

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

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

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

17.5. How often do you eat carrots? (170-172)

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

17.6. 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.) (173-175)

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

Section 18: Physical Activity

[Split 1, 2]

{If Core Q13.8=1(employed for wages) or 2(self-employed), continue. Otherwise, Go to Q18.2.}

18.1. When you are at work, which of the following best describes what you do? Would you say? (176)

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

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

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

Please 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.

18.2. 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? (177)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
 - 7 7 Don't know / Not sure [Go to Q18.5]
 - 9 9 Refused [Go to Q18.5]

18.4. 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? (180-182)

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

18.5. 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? (183)

- 1 Yes
 2 No [Go to next section]
 7 Don't know / Not sure [Go to next section]
 9 Refused [Go to next section]
- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)
- Days per week
 88 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
 77 Don't know / Not sure [Go to next section]
 99 Refused [Go to next section]
- 18.7. 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? (186-188)
- ._:_ Hours and minutes per day
 777 Don't know / Not sure
 999 Refused

Section 19: HIV/AIDS

[Split 1, 2]

{If respondent is 65 years 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 do not 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.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include test using fluid from your mouth. (189)
- 1 Yes
 2 No [Go to Q19.4]
 7 Don't know / Not sure [Go to Q19.4]
 9 Refused [Go to Q19.4]

- 19.2. Not including blood donations, in what month and year was your last HIV test? (190-195)

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

--/---- Code month and year
 777777 Don't know / Not sure
 999999 Refused

- 19.3. 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? (196-197)
- 01 Private doctor or HMO office
 02 Counseling and testing site
 03 Hospital
 04 Clinic
 05 In a jail or prison (or other correctional facility)

- 0 6 Home
- 0 7 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Please read

- 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? (198)

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

Section 20: Emotional Support & Life Satisfaction

[Split 1, 2]

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

20.1. How often do you get the social and emotional support you need? (199)

Please read

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

DO NOT READ

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

20.2. In general, how satisfied are you with your life? (200)

Please read

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

DO NOT READ

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

Optional Modules

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

Module 10: Random Child Selection

[Split 1, 2] {This Module asked of both Split 1 and 2 during January and February only. Starting in March, this module asked of Split 1 only}

{If Core S13q6 = 00, 88, or 99 (no children under age 18 in the household, or refused), Go to next Module.}

{If Core S13q6 = 1}:

INTERVIEWER: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Mod10_1.]

{If Core S13q6 is >1 and Core S13q6 does not equal to 88 or 99}:

INTERVIEWER: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the 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: "I have some additional questions about one specific child. The child I will be referring to is the "Xth" child in your household. All following questions about children will be about the "Xth" child."

Mod10_1. What is the birth month and year of the "Xth" child? (294-299)

__/____	Code month and year
77/7777	Don't know / Not sure
99/9999	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). }

Mod10_2. Is the child a boy or a girl? (300)

1	Boy
2	Girl
9	Refused

Mod10_3. Is the child Hispanic or Latino? (301)

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

Mod10_4. Which one or more of the following would you say is the race of the child? (302-307)

[Check all that apply]

Please read

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

DO NOT READ

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

{If more than one response to Mod10_4; continue. Else go to Mod10_6.}

Mod10_5. Which one of these groups would you say best represents the child's race? (308)

Please read

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

Do not read

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

Mod10_6. How are you related to the child? (309)

Please read

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) 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

Child Flu Module – January - February

[Split 1, 2]

{Ask questions Q13.20-Q13.26 following Module 10 during January and February 2005 only.}

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

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

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

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

1 Yes

2 No [Go to Q13.22]

7 Don't know/Not sure [Probe by repeating the question] [Go to Q13.22]

9 Refused [Go to Q13.22]

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

1 Yes

2 No

7 Don't know/Not sure [Do not probe]

9 Refused

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

1 Yes

2 No

7 Don't know/Not sure [Do not probe]

9 Refused

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

1 Yes [Go to Q13.24]

2 No [If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25]

7 Don't know/Not sure [Do not probe] [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

9 Refused [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

{If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[If Don't Know, probe: "Was it before or after September 2004?" Code approximately month and year]

_ / _ _ _ _ Month / Year [If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26]

77/7777 Don't know/Not Sure

99/9999 Refused

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

Q13.25. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season?

[Interviewer note: The current flu season = Sept. '04 – Mar. '05]

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

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

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

{If Q13.19 date is 06/2003 to present, go to next section; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26); otherwise go to next section}

Q13.26. Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

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

State-Added 2: Child Demographics

[Split 1]

{If Split=1, continue; If Split=2, go to next Module}

{If Core S13q6 = 00, 88, or 99, go to next Module; Else continue}

{The "child" is the same child selected in Module 10}

MD2_1. About how tall is the child without shoes?

[Round fractions down]

__ / __ __ Height
ft / inches
777 Don't know / Not sure
999 Refused

MD2_2. About how much does this child weigh without shoes?

[Round fractions up]
__ __ __ Weight [in pounds]
777 Don't know / Not sure
999 Refused

Module 11: Childhood Asthma Prevalence

[Split 1]

{If Split=1 continue; If Split=2, go to next Module}

{If Core S13q6=00, 88, or 99, Go to next module; Else continue.}

{The "child" is the same child selected in Module 10}

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

Mod11_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (310)

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

Mod11_2. Does the child still have asthma? (311)

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

Module 2: Oral Health

[Split 1]

{If Split=1, continue; If Split=2, go to next Module}

Mod2_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. (221)

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
- 8 Never

Do not read

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

Mod2_2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost due to infection but do **NOT** include teeth lost for other reasons, such as injury or orthodontics. (222)

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

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

{If Mod2_1=8 (Never) or Mod2_2=3 (All), Go to next module.}

Mod2_3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (223)

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
- 8 Never

Do not read

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

Module 9: Adult Asthma History

[Split 1]

{If Split=1 continue; If Split=2, go to next section}

{If "Yes" to Core S9q1; continue. Else, Go to next section.}

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

Mod9_1. How old were you when you were first told by a doctor or other health professional that you had asthma? (278-279)

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

{If "Yes" to Core S9q2, continue; Else, Go to next section.}

Mod9_2. During the past 12 months, have you had an episode of asthma or an asthma attack? (282)

- 1 Yes
- 2 No [Go to Mod9_7]
- 7 Don't know / Not sure [Go to Mod9_7]
- 9 Refused [Go to Mod9_7]

Mod9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (283-284)

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

Mod9_4. [If one or more visits to Q3, fill in (Besides those emergency room visits)], During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? (285-286)

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

Mod9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? (280-281)

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

Mod9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (287-289)

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

Mod9_7. During the past 30 days, how often did you have any symptoms of asthma? Would you say? (290)

Please read

- 8 Not at any time [Go to Mod9_9]
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time
- or
- 5 Every day, all the time

DO NOT READ

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

Mod9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say? (291)

Please read

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

DO NOT READ

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

Mod9_9. During the past 30 days, how often did you take a prescription asthma medication to prevent an asthma attack from occurring? (292)

Please read

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25-30 days

Do not read

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

Mod9_10. During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it? (293)

[INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.]

Read only if necessary

- 8 Never (include no attack in past 30 days)
- 1 One to four times (in the past 30 days)
- 2 Five to fourteen times (in the past 30 days)
- 3 Fifteen to twenty-nine time (in the past 30 days)
- 4 Thirty to fifty-nine times (in the past 30 days)
- 5 Sixty to ninety-nine times (in the past 30 days)
- 6 More than 100 times (in the past 30 days)

Do not read

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

State-Added 1: Work-Related Asthma

[Split 1]

{If Split=1 continue; If Split=2, go to next Module}

{If S9q1=1, continue; Else go to next Module}

MD1_1. Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

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

MD1_2. Did you ever tell a doctor or other medical person that your asthma was related to any job you ever had?

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

Module 19: Indoor Air Quality

[Split 1]

{If Split=1, continue; If Split=2, go to next module}

The next five questions are about the air quality in your home.

[**Note:** Home refers to the respondent's primary residence.]

Mod19_1. Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel? (340)

[Read only if necessary: "Not a total electric furnace or boiler".]

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

Mod19_2. Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or clothes dryer? (341)

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

Mod19_3. During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home? (342-344)

[**Note:** If response is '777' (Don't know/Not sure), probe for approximate number of days.]

- Number of days
- 5 5 5 Do not have
- 8 8 8 None
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Mod19_4. A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke

detector. Do you have a CO detector in your home? (345)

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

Mod19_5. Do you currently have mold in your home on an area greater than the size of a dollar bill? (346)

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

Module 20: Home Environment

[Split 1]

{If Split=1 continue; If Split=2, go to next module}

The next four questions are about water used in your home and home pest control practices.

Mod20_1. What is the main source of your home water supply? (347)

[Read only if necessary: *"This refers to the water supply to taps or outlets inside the home".]*

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know / Not sure
- 9 Refused

Mod20_2. Which of the following best describes the water that you drink at home **most often**? (348)

Please read

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

DO NOT READ

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

Mod20_3. During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests? (349-351)

[Read only if necessary: *"Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments".]*

[Note: If response is '777' (Don't know/Not sure), probe for approximate number of days.]

___ Number of days

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

Mod20_4. During the past 12 months, on how many days were pesticides or chemicals applied in your yard or garden to kill plant, animal, or insect pests, including applications by lawn care services? (352-354)

[Read only if necessary: *"Do not include lime or fertilizer if no weed or bug killer used".*]

[Note: If response is '777' (Don't know/Not sure), probe for approximate number of days.]

-- Number of days
5 5 5 Do not have a yard or garden
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

Module 21: Smoking Cessation

[Split 1]

{If Split=1 continue; If Split=2, go to next module}

{If response to Core S11q2 =3 (Not at all), continue; If Core S11q2=1 or 2 ('every day' or 'some days'), Go to Mod21_2; IF S11q2=7,9, go to next module}

Previously you said you have smoked cigarettes:

Mod21_1. About how long has it been since you last smoked cigarettes? (355-356)

Read only if necessary:

0 1 Within the past month (anytime less than 1 month ago) [Go to Mod21_2]
0 2 Within the past 3 months (1 month but less than 3 months ago) [Go to Mod21_2]
0 3 Within the past 6 months (3 months but less than 6 months ago) [Go to Mod21_2]
0 4 Within the past year (6 months but less than 1 year ago) [Go to Mod21_2]
0 5 Within the past 5 years (1 year but less than 5 years ago) [Go to next module]
0 6 Within the past 10 years (5 years but less than 10 years ago) [Go to the next module]
0 7 10 or more years ago [Go to next module]

Do not read

7 7 Don't know / Not sure [Go to next module]
9 9 Refused [Go to next module]

{If response to Mod21_1= 01, 02, 03, or 04, Or if Core S11q2=1 or 2 continue; else go to next module}

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

Mod21_2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (357-358)

-- Number of times [01-76]
8 8 None [Go to next module]
7 7 Don't know / Not sure

9 9 Refused

Mod21_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

-- Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod21_4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (361-362)

(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)

-- Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Mod21_5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (363-364)

-- Number of visits [01-76]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Module 22: Secondhand Smoke Policy

[Split 1]

{If Split=1 continue; If Split=2, go to next section}

Mod22_1. Which statement best describes the rules about smoking inside your home? (365)

Please read

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

DO NOT READ

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

{If response to Core S13q8= 1 or 2 ('employed' or 'self-employed'), continue; Else, Go to next section.}

Mod22_2. While working at your job, are you indoors most of the time? (366)

- 1 Yes
- 2 No [Go to next section]

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

Mod22_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (367)

Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas
- or
- 4 No official policy

DO NOT READ

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

Mod22_4. Which of the following best describes your place of work's official smoking policy for work areas? (368)

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy

DO NOT READ

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

State-Added 3: Oral Cancer Screening

[Split 1]

{If Split=1, continue; If Split=2, go to next section}

MD3_1. Have you ever had a test or exam for oral or mouth cancer in which the Doctor or dentist pulls on your tongue, sometimes with a gauge wrapped around it, and feels under the tongue and inside the cheeks?

- 1 I think so
- 2 Yes
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MD3_2. When did you have your most recent oral or mouth cancer exam?

Read only if necessary:

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

MD3_3. What type of medical care person examined you when you had your last check-up for oral cancer?

Read only if necessary

1 Doctor / physician

2 Nurse / Nurse Practitioner

3 Dentist

4 Dental hygienist

Do not read

5 Other, (specify _____)

7 Don't know / Not sure

9 Refused

MD3_4. What was the main reason for this test or exam? Was it for....

Please read

1 Specific problem

2 Follow-up to a previous oral problem

3 Part of a routine physical exam

4 Health fair or free screening program

5 Other, (Specify _____).

Do not read

7 Don't know / Not sure

9 Refused

State-Added 4: Excess Sun Exposure

[Split 1]

{If Split=1, continue; If Split=2, go to next section}

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

MD4_1. Have you had a sunburn within the past 12 months?

1 Yes

2 No **[Go to next section]**

7 Don't know / Not Sure **[Go to next section]**

9 Refused **[Go to next section]**

MD4_2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1 One

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

Closing Statement

[Split 1,2]

That is 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.

2005
Behavioral Risk Factor Surveillance System
Maryland
Split 2

Behavioral Risk Factor Surveillance System 2005 Maryland Questionnaire - Split 2

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Interviewer's Script

HELLO, I am calling for the **Maryland Department of Health and Mental Hygiene**. My name is **(name)**. We are conducting a survey to gather information about the health of **Maryland residents**. The survey is conducted by the **Maryland Department of Health and Mental Hygiene** 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 is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing landline telephones in private residences. **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 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 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 5

To Correct Respondent: My name is **(name)** calling for the **Maryland Department of Health and Mental Hygiene.** We are conducting a survey to gather information about the health of **Maryland** residents. The survey is conducted by the **Maryland Department of Health and Mental Hygiene** 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.

I will not ask for your 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, I will provide a telephone number for you to call to get more information.

[This call may be monitored for quality assurance.]

Core Sections

Section 1: Health Status

[Split 1, 2]

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

[Split 1, 2]

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

{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

[Split 1, 2]

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? (81)

[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?*"]

- 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 yr (1-12 months ago)
- 2 Within past 2 yrs (1-2 yrs ago)
- 3 Within past 5 yrs (2-5 yrs ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

[Split 1, 2]

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

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

Section 5: Diabetes

[Split 1, 2]

5.1. Have you EVER been told by a doctor that you have diabetes? (85)

Note: If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

- 2 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

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

Module 1: Diabetes

[Split 2]

{If Split=2, continue; Else go to next section}

{If Q5.1=1, continue; Else go to next section.}

Mod1_1. How old were you when you were told you have diabetes? (201-202)

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

Mod1_2. Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

Mod1_3. Are you now taking diabetes pills? (204)

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

Mod1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (205-207)

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year

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

Mod1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (208-210)

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

Mod1_6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal? (211)

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

Mod1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (212-213)

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

Mod1_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (214-215)

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

{If Mod1_5= 555 (No Feet), Go to Q10; else continue}

Mod1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (216-217)

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

Mod1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (218)

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

Do not read

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

Mod1_11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy? (219)

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

Mod1_12. Have you EVER taken a course or class in how to manage your diabetes yourself? (220)

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

Section 6: Hypertension Awareness

[Split 1, 2]

6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

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

- 2 Yes
- 2 Yes, but female told only during pregnancy [Go to next section]
- 3 No [Go to next section]
- 4 Told borderline high or pre-hypertensive [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

6.2. Are you currently taking medicine for your high blood pressure? (87)

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

Section 7: Cholesterol Awareness

[Split 1, 2]

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes

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

7.2. About how long has it been since you last had your blood cholesterol checked? (89)

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

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

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

Section 8: Cardiovascular Disease Prevalence

[Split 1, 2]

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

[Split 1, 2]

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: Immunization (& Adult Flu Supplemental Questions)

[Split 1, 2]

10.1 A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

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

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

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

- 1 Yes
- 2 No [If Q10.1 is "Yes" go to Q10.4, otherwise go to Q10.6]
- 7 Don't know/Not sure [If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]
- 9 Refused [If Q10.1 is "Yes" go to Q10.4; if Q10.1 is "No" go to Q10.6, otherwise go to Q10.7]

10.4 During what month and year did you receive your most recent flu vaccination?

{If "Yes" to both Q10.1 and Q10.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[If Don't Know, probe: "Was it before or after September 2004?"]
__/____ Month / Year Code approximate month and year)

- 777777 Don't know/Not Sure
- 999999 Refused

{If Q10.4 is DK or RF go to Q10.5}

- 10.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? {CATI fill in appropriate response from Q10.1 and q10.2.}

Read only if necessary:

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

{If Q10.4 is before 9/2004 go to Q10.6, if Q10.4 is DK or RF, go to Q10.6, otherwise go to Q10.7}

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

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

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

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

{If Q10.4 is 04/2004 to present continue (ask Q10.7), otherwise go to Q10.3.}

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

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

10.3 Have you EVER had a pneumonia shot? 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?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Do not probe]**
- 9 Refused

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

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

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

-or-

Sickle cell anemia or other anemia

- 1 Yes
- 2 No **[Go to Q10.10]**
- 7 Don't know/Not sure **[Go to Q10.10]**
- 9 Refused **[Go to Q10.10]**

10.9 Do you still have (this/any of these) problem(s)?

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Do not probe]**
- 9 Refused

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

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

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure **[Probe by repeating question]**
- 9 Refused

Section 11: Tobacco Use

[Split 1, 2]

11.1. Have you smoked at least 100 cigarettes in your entire life? (99)

[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? (100)

- 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? (101)

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

Section 12: Alcohol Consumption

[Split 1, 2]

12.1. 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? (102)

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

12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

- 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

12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)

- | | | | |
|--|-----|-----------------------|--|
| | -- | Number of drinks | |
| | 7 7 | Don't know / Not sure | |
| | 9 9 | Refused | |
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)
- | | | | |
|--|-----|-----------------------|--|
| | -- | Number of times | |
| | 8 8 | None | |
| | 7 7 | Don't know / Not sure | |
| | 9 9 | Refused | |
- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)
- | | | | |
|--|-----|-----------------------|--|
| | -- | Number | |
| | 7 7 | Don't know / Not sure | |
| | 9 9 | Refused | |

Section 13: Demographics

[Split 1, 2]

- 13.1. What is your age? (112-113)
- | | | | |
|--|-----|-----------------------|--|
| | -- | Code age in years | |
| | 0 7 | Don't know / Not sure | |
| | 0 9 | Refused | |
- 13.2. Are you Hispanic or Latino? (114)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 13.3. Which one or more of the following would you say is your race? (115-120)

[Check all that apply]

Please read

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

DO NOT READ

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

{If more than one response to S13q3, continue. Otherwise, Go to S13q5.}

13.4. Which one of these groups would you say BEST represents your race? (121)

Please read

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

Do not read

- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...? (122)

Please read

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

DO NOT READ

- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

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

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

Read only if necessary:

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

13.8. Are you currently? (126)

Please read

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

8 Unable to work

DO NOT READ

9 Refused

13.9. Is your annual household income from all sources...? (127-128)

[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

13.10. About how much do you weigh without shoes? (129-132)

{Note: If respondent answers in metrics, put "9" in column 129.}

[Round fractions up]

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

13.11. About how tall are you without shoes? (133-136)

{Note: If respondent answers in metrics, put "9" in column 133.}

[Round fractions down]

--/-- Height
(ft / inches/meters/centimeters)

- | | | | |
|--|---------|-----------------------|--|
| | 7 7 7 7 | Don't know / Not sure | |
| | 9 9 9 9 | Refused | |
- 13.12. What county do you live in? (137-139)
- | | | | |
|--|-------|-----------------------|--|
| | -- -- | FIPS county code | |
| | 7 7 7 | Don't know / Not sure | |
| | 9 9 9 | Refused | |
- 13.13. What is your ZIP Code where you live? (140-144)
- | | | | |
|--|-------------|-----------------------|--|
| | -- -- -- -- | ZIP Code | |
| | 7 7 7 7 7 | Don't know / Not sure | |
| | 9 9 9 9 9 | Refused | |
- 13.14. 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. (145)
- | | | |
|---|--------------------------------------|--|
| 1 | Yes | |
| 2 | No [Go to Q13.16] | |
| 7 | Don't know / Not sure [Go to Q13.16] | |
| 9 | Refused [Go to Q13.16] | |
- 13.15. How many of these phone numbers are residential numbers? (146)
- | | | |
|----|---|--|
| -- | Residential telephone numbers [6=6 or more] | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |
- 13.17. Indicate sex of respondent. [Ask only if necessary]. (148)
- | | | |
|---|---|--|
| 1 | Male [Go to next section] | |
| 2 | Female [If respondent is 45 years old or older, [Go to next section]] | |
- 13.18. To your knowledge, are you now pregnant? (149)
- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

Section 14: Veteran's Status

[Split 1, 2]

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

14.1. 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? (150)

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

Section 15: Disability

[Split 1, 2]

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

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

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

15.2. 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? (152)

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

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

Section 16: Arthritis Burden

[Split 1, 2]

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]
- 9 Refused [Go to Q16.4]

16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No [Go to Q16.4]
- 7 Don't know / Not sure [Go to Q16.4]

9 Refused [Go to Q16.4]

16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

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

16.4. 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? (156)

- 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 Q16.2=1 (Yes) or Q16.4=1 (Yes), continue. Otherwise, Go to next section.}

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

- 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."*

Section 17: Fruits & Vegetables

[Split 1, 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.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

1 __ Per day

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

17.2. Not counting juice, how often do you eat fruit? (161-163)

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

17.3. How often do you eat green salad? (164-166)

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

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

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

17.5. How often do you eat carrots? (170-172)

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

17.6. 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.) (173-175)

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

Section 18: Physical Activity

[Split 1, 2]

{If Core Q13.8=1(employed for wages) or 2(self-employed), continue. Otherwise, Go to Q18.2.}

18.1. When you are at work, which of the following best describes what you do? Would you say? (176)

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

Please read

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

DO NOT READ

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

Please 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.

18.2. 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? (177)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (178-179)

- Days per week
- Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q18.5]
 - 88 Don't know / Not sure [Go to Q18.5]
 - 77 Refused [Go to Q18.5]
 - 99

18.4. 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? (180-182)

- Hours and minutes per day
- :_:_ Don't know / Not sure
 - 777 Refused
 - 999

18.5. 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? (183)

- 1 Yes
 2 No [Go to next section]
 7 Don't know / Not sure [Go to next section]
 9 Refused [Go to next section]
- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (184-185)
- Days per week
 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
 7 7 Don't know / Not sure [Go to next section]
 9 9 Refused [Go to next section]
- 18.7. 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? (186-188)
- ._:._ Hours and minutes per day
 7 7 7 Don't know / Not sure
 9 9 9 Refused

Section 19: HIV/AIDS

[Split 1, 2]

{If respondent is 65 years 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 do not 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.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include test using fluid from your mouth. (189)
- 1 Yes
 2 No [Go to Q19.4]
 7 Don't know / Not sure [Go to Q19.4]
 9 Refused [Go to Q19.4]

- 19.2. Not including blood donations, in what month and year was your last HIV test? (190-195)

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

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

- 19.3. 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? (196-197)
- 0 1 Private doctor or HMO office
 0 2 Counseling and testing site
 0 3 Hospital
 0 4 Clinic
 0 5 In a jail or prison (or other correctional facility)

- 0 6 Home
- 0 7 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Please read

- 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? (198)

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

Section 20: Emotional Support & Life Satisfaction

[Split 1, 2]

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

20.1. How often do you get the social and emotional support you need? (199)

Please read

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

DO NOT READ

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

20.2. In general, how satisfied are you with your life? (200)

Please read

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

DO NOT READ

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

Optional Modules

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

Module 10: Random Child Selection

[Split 1, 2] {This Module asked of both Split 1 and 2 during January and February only. Starting in March, this module asked of Split 1 only}

{If Core S13q6 = 00, 88, or 99 (no children under age 18 in the household, or refused), Go to next Module.}

{If Core S13q6 = 1}:

INTERVIEWER: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Mod10_1.]

{If Core S13q6 is >1 and Core S13q6 does not equal to 88 or 99}:

INTERVIEWER: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the 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: "I have some additional questions about one specific child. The child I will be referring to is the "Xth" child in your household. All following questions about children will be about the "Xth" child."

Mod10_1. What is the birth month and year of the "Xth" child? (294-299)

_ _ / _ _ _ _	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). }

Mod10_2. Is the child a boy or a girl? (300)

1	Boy
2	Girl
9	Refused

Mod10_3. Is the child Hispanic or Latino? (301)

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

Mod10_4. Which one or more of the following would you say is the race of the child? (302-307)

[Check all that apply]

Please read

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

DO NOT READ

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

{If more than one response to Mod10_4; continue. Else go to Mod10_6.}

Mod10_5. Which one of these groups would you say best represents the child's race? (308)

Please read

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

Do not read

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

Mod10_6. How are you related to the child? (309)

Please read

- 1 Parent (mother or father) include biologic, step or adoptive parent
- 2 Grandparent
- 3 Foster parent or guardian [other than parent or grandparent]
- 4 Sibling (brother or sister) 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

Child Flu Module – January - February

[Split 1, 2]

{Ask questions Q13.20-Q13.26 following Module 10 during January and February 2005 only.}

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

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

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

Must take aspirin every day

-or-

Sickle cell anemia or other anemia

1 Yes

2 No [Go to Q13.22]

7 Don't know/Not sure [Probe by repeating the question] [Go to Q13.22]

9 Refused [Go to Q13.22]

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

1 Yes

2 No

7 Don't know/Not sure [Do not probe]

9 Refused

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

1 Yes

2 No

7 Don't know/Not sure [Do not probe]

9 Refused

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

1 Yes [Go to Q13.24]

2 No [If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25]

7 Don't know/Not sure [Do not probe] [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

9 Refused [If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26]

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

{If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."}

[If Don't Know, probe: "Was it before or after September 2004?" Code approximately month and year]

_ / _ _ _ _ Month / Year [If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26]

77/7777 Don't know/Not Sure

99/9999 Refused

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

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

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

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

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

{If Q13.19 date is 06/2003 to present, go to next section; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26); otherwise go to next section}

Q13.26. Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

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

Module 6: Actions to Control High Blood Pressure

[Split 2]

{If Split=2 continue; If Split=1, go to next module}

{If Core S6q1=1 (Yes), continue; Else go to next module.}

Are you now doing any of the following to help lower or control your high blood pressure?

Mod6_1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?

(253)

- 1 Yes

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

Mod6_2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (254)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

Mod6_3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (255)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

Mod6_4. (Are you) exercising (to help lower or control your high blood pressure)? (256)

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

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

Mod6_5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (257)

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

Mod6_6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (258)

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

Mod6_7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (259)

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

Mod6_8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (260)

- 1 Yes

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

Mod6_9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (261)

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

Mod6_10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (262)

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

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

Module 7: Heart Attack & Stroke

[Split 2]

{If Split=2, continue; If Split=1, go to next module}

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

Which of the following do you think is a symptom of a heart attack? For each, tell me "Yes", "No", or you're "Not sure":

Mod7_1. (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack)? (263)

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

Mod7_2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack)? (264)

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

Mod7_3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (265)

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

Mod7_4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack)? (266)

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

Mod7_5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack)? (267)

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

Mod7_6. (Do you think) shortness of breath (is a symptom of a heart attack)? (268)

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

Which of the following do you think is a symptom of a stroke? For each, tell me "Yes", "No", or you're "Not sure":

Mod7_7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke)? (269)

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

Mod7_8. (Do you think) sudden numbness or weakness of face, arm, leg, especially on one side, (are symptoms of a stroke)? (270)

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

Mod7_9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke)? (271)

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

Mod7_10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke)? (272)

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

Mod7_11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke)? (273)

- 1 Yes
- 2 No

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

Mod7_12. (Do you think) severe headache with no known cause (is a symptom of a stroke)?
(274)

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

Mod7_13. If you thought someone was having a heart attack or stroke, what is the first thing you would do?
(275)

Please read

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
or
- 5 Do something else

DO NOT READ

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

Module 17: Arthritis Management

[Split 2]

{If Split=2, continue; If Split=1, go to next section}

{If Core S16q2=1 or S16q4=1 (Yes), continue; Else, Go to next section.}

Mod17_1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?
(331)

Please read

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

DO NOT READ

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

Mod17_2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?
(332)

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

Mod17_3. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis

or joint symptoms?

(333)

[Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.]

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

Mod17_4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (334)

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

State-Added 5: Arthritis

[Split 2]

{If Split=2 continue; If Split=1, go to next section}

{If Core Q16.2=1 OR Q16.4= 1 (Yes) AND MOD 17.4=1(Yes), continue. Otherwise, Go to next section.}

MD5_1. Where did you attend the course or class?

Read only if necessary

- 1 Arthritis Foundation Office
- 2 Hospital
- 3 Medical Office/Clinic
- 4 Local Health Department
- 5 Senior Center/Community Center

Do not read

- 6 Other, (Specify _____)
- 7 Don't Know/Not Sure
- 9 Refused

MD5_2. What was the most important reason that you did not attend any arthritis patient education or self-help program?

Read only if necessary

- 01 Did not know one existed
- 02 Doctor did not tell me to
- 03 Don't think it is necessary
- 04 Not interested
- 05 Too far from home
- 06 Transportation problem
- 07 Cost too much
- 08 Not enough time

Do not read

- 09 Other
- 77 Don't Know/Not Sure
- 99 Refused

State-Added 6a: Osteoporosis

[Split 2]

{If Split=2 continue; If Split=1, go to next module}

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is *not* the same condition as osteoarthritis, a joint disease.

MD6a_1. Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

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

MD6a_2. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

[Interviewer Notes: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.]

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

Module 16: Osteoporosis

[Split 2]

{If Split=2 continue; If Split=1, go to next module}

Mod16_1. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

[Interviewer Notes: Don't include osteopenia, or low bone mass]

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

State-Added 6b: Osteoporosis

[Split 2]

{If Split=2 continue; If Split=1, go to next module}

{If Mod16_1=1, go to MD6b_1; Else if Mod16_1=2,7,9 go to MD6b_2}

MD6b_1. Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?

[Interviewer Notes: Osteoporosis medications include:

Actonel (Risedronate)
Cholecalciferol
Ergocalciferol
Estrogen
Evista (Raloxifene)
Forteo (Teriparatide, Parathyroid Hormone)
Fosamax (Alendronate)
Miacalcin (Nasal spray calcitonin)
Rocaltrol
Testosterone
Vitamin D by prescription

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

MD6b_2. Are you currently taking calcium supplements, or antacids containing calcium for bone health?

[Interviewer Note: Antacids containing calcium include Rolaids and Tums. Calcium supplements include the following:

Calcium Carbonate
Generic Form
Caltrate
Os-Cal
Tums Ultra
Viactiv

Calcium Citrate
Citracal
Calcium Citrate

Calcium Complex
Calcet

Calcium Phosphate
Posture-D

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

MD6b_3. How often do you do physical activities specifically designed to strengthen your muscles such as lifting weights, push-ups, or pull-ups?

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

MD6b_4. How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food?

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

Closing Statement

[Split 1,2]

That is 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.