



2005

Behavioral Risk Factor Surveillance System

FLORIDA QUESTIONNAIRE

2005 Florida Behavioral Risk Factor Surveillance System Questionnaire

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Interviewer's Script

HELLO, I am calling for the Florida Department of Health. My name is (name). We are conducting a survey to gather information about the health of Florida residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number)? (57) 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**? (58) If **"Yes"**, Thank you very much, but we are only interviewing private residences. **STOP**

Is this a private residence? (59) 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 (60-61)

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 3**

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 (62-63)

___ Number of women (64-65)

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

If **"You"**, **→Go to Page 3**

To Correct Respondent: My name is (name) calling from the (health department) We are conducting a survey to gather information about the health of (state) residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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.

LETTER. Before participating, did you receive a letter about this study in the mail?

Section 1: Health Status

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

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

DO NOT READ

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

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

-- Number of days

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

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

-- Number of days

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

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

-- Number of days

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

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

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

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

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

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 ⇒Go to Section 6
- 3 No ⇒Go to Section 6
- 4 No, pre-diabetes or borderline diabetes ⇒Go to Section 6
- 7 Don't know / Not sure ⇒Go to Section 6
- 9 Refused ⇒Go to Section 6

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

Module 1: Diabetes

To be asked following Core Q5.1; if response code=1 (Yes).

1.1. 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

1.2. Are you now taking insulin? (203)

- 1 Yes
- 2 No
- 9 Refused

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

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

1.4. 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

1.5. 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

1.6. 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

1.7. 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

1.8. 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 Q5= 555 (No Feet); ⇒Go to Q10.

1.9. 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

1.10. 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

1.11. 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

1.12. 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

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

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

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

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

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

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

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

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

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

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

Section 9: Asthma

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

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

9.2. Do you still have asthma? (95)

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

Section 10: Immunization

10.1. During the past 12 months, have you had a flu shot? (96)

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™. (97)

- 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**

10.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

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

Section 11: Tobacco Use

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

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
- 888 No drinks in past 30 days ⇒ **Go to next section**
- 777 Don't know / Not sure
- 999 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
- 77 Don't know / Not sure
- 99 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
- 88 None
- 77 Don't know / Not sure
- 99 Refused

12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

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

Section 13: Demographics

13.1. What is your age? (112-113)

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

CATI Note: If more than one response to Q13.3; continue. Otherwise, ⇒ Go to Q13.5.

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

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

DO NOT READ

- 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:

04 Less than \$25,000 **If “no”, ask 05; if “yes”, ask 03**
(\$20,000 to less than \$25,000)

03 Less than \$20,000 **If “no”, code 04; if “yes”, ask 02**
(\$15,000 to less than \$20,000)

02 Less than \$15,000 **If “no”, code 03; if “yes”, ask 01**
(\$10,000 to less than \$15,000)

01 Less than \$10,000 **If “no”, code 02**

05 Less than \$35,000 **If “no”, ask 06**
(\$25,000 to less than \$35,000)

06 Less than \$50,000 **If “no”, ask 07**
(\$35,000 to less than \$50,000)

07 Less than \$75,000 **If “no”, code 08**
(\$50,000 to less than \$75,000)

08 \$75,000 or more

DO NOT READ

77 Don't know / Not sure

99 Refused

13.10. About how much do you weigh without shoes? (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

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

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

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

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
- 9 9 9 Refused

Section 18: Physical Activity

CATI Note: 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
 777 Don't know / Not sure
 999 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
 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
 777 Don't know / Not sure
 999 Refused

Section 19: HIV/AIDS

CATI Note: 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 tests 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, in a drug treatment facility or somewhere else? (196-197)

01	Private doctor or HMO
02	Counseling and testing site
03	Hospital
04	Clinic
05	In a jail or prison (or other correctional facility)
06	Home
07	Somewhere else
08	Drug treatment facility
77	Don't know / Not sure
99	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

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

NEW SECTION (November – December 2005):

Hurricanes Katrina, Rita, and Wilma had a direct impact on residents of Louisiana, Mississippi, Alabama, Florida, and Texas. Residents of neighboring states were also impacted. The next five questions are about how you and your family were affected by these hurricanes.

1. Please indicate which one of the following statements best applies to you:

[NOTE TO INTERVIEWER: IF MORE THAN ONE STATEMENT APPLIES, SELECT THE STATEMENT THAT IS HIGHEST ON THIS LIST, FOR INSTANCE IF THE RESPONDENT BOTH HOUSED AN EVACUEE AND KNOWS A CLOSE FRIEND WHO WAS AN EVACUEE CHOOSE (2) HOUSED ONE OR MORE EVACUEES]

Please read:

- 1 You had to evacuate
- 2 You housed one or more evacuees (overnight for at least one night)
- 3 You know a relative or close friend who had to evacuate
- 4 None of the above applies to you **Go to Q3**

Do not read:

- 7 Don't know/Not sure **Go to Q3**
- 9 Refused **Go to Q3**

2. During the 30 days prior to the hurricanes, did any of the evacuees that you personally know have a health condition for which they were receiving continuous or routine care, such as diabetes, hypertension, cancer, HIV/AIDS, etc?

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

3. Since Hurricanes Katrina, Rita, and Wilma has depression, stress, or grief interfered with your ability to function on a daily basis ...a great deal, some, a little, or not at all?

- 1 A great deal
- 2 Some
- 3 A little
- 4 Not at all **Go to next module**
- 7 Don't know/Not sure **Go to next module**
- 9 Refused **Go to next module**

4. Did you seek any type of help for your depression, stress, or grief?

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

5. Did you receive the help that you required?

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

Go to closing statement or transition to modules and/or state-added questions

Please read closing statement:

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.

OR

Transition to Modules and/or State-Added Questions

Optional Modules

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

Module 6: Actions to Control High Blood Pressure

CATI Note: If Core Q6.1=1 (Yes); continue. Otherwise, ⇨Go to next section.

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

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

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

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

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:

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

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

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

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

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

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

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":

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

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

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

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

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

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”:

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
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
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
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
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
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

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 15: Colorectal Cancer Screening

CATI Note: If respondent is ≤ 49 years of age, \Rightarrow Go to the Next Module.

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you EVER had this test using a home kit? (326)

- 1 Yes
- 2 No \Rightarrow Go to Q3
- 7 Don't know / Not sure \Rightarrow Go to Q3
- 9 Refused \Rightarrow Go to Q3

2. How long has it been since you had your last blood stool test using a home kit? (327)

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

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (328)

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

4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (329)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

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

Module 17: Arthritis Management

CATI Note: If Core Q16.2 or Q16.4= 1 (Yes); continue. Otherwise, ⇨ Go to next module.

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

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

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

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

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STATE-ADDED QUESTIONS

State-added 9: Crohn's Disease

The next few questions are about Crohn's disease and ulcerative colitis, the illnesses that are also known as inflammatory bowel disease.

[Do not read: other names for this illness are irritable bowel disease, Ileitis (regional, segmental), Regional enteritis or Crohn's disease of duodenum, ileum, or jejunum, Colitis (granulomatous, regional or transmural), Regional enteritis or Crohn's disease of Colon, large bowel or rectum, Ileitis, Ulcerative (chronic) enterocolitis, Ulcerative (chronic) ileocolitis, Ulcerative (chronic) proctitis, Ulcerative (chronic) proctosigmoiditis, Left-sided ulcerative (chronic) colitis, Universal ulcerative (chronic) colitis, Other Ulcerative colitis, Ulcerative colitis, unspecified, and other unspecified noninfectious gastroenteritis and colitis]

FL9_1. Has anyone, including yourself, in your household, ever been told by a doctor or other health professional that you have Crohn's disease or ulcerative colitis? (386)

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

FL9_2. How many people in your household have been told that they have Crohn's disease or ulcerative colitis? (387)

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

FL9_3. How many of these people have been admitted to a hospital in the past 12 months because of Crohn's disease or ulcerative colitis? (388)

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

State-added 1: Epilepsy

FL1_1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy? (401)

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

FL1_2. Are you currently taking any medicine to control your seizure disorder or epilepsy? (402)

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

State-added 2: Other Tobacco Products

FL2_1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (403)

- 1 Yes
- 2 No [Go to FL3_1]
- 7 Don't know/Not sure [Go to FL3_1]
- 9 Refused [Go to FL3_1]

FL2_2. Do you currently use chewing tobacco or snuff every day, some days, or not at all? (404)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

State-added 3: Obesity

(January – October 2005)

FL3_1. On an average day, how many hours do you watch TV? (405-406)

- 01 I do not watch TV
- 02 Less than 1 hour per day
- 03 1 hour per day
- 04 2 hours per day
- 05 3 hours per day
- 06 4 hours per day
- 07 5 or more hours per day
- 77 Don't know/Not sure
- 99 Refused

State-added 4: Home Environment

The next two questions are about water used in your home.

FL4_1. What is the main source of your home water supply? (407)

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

FL4_2. Which of the following best describes the water that you drink at home **most often**? (408)

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

State-added 5: Adult Asthma History

If "Yes" to core Q9.1, continue; otherwise, ⇒Go to next module.

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

FL5_1 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? (409-410)

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

Please read

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection.

FL5_2. During the past 30 days, how often did you have any symptoms of asthma? Would you say? (411)

- 8 Not at any time
 - 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

FL5_3. During the past 30 days how often did you take a prescription asthma medication **to prevent** an asthma attack from occurring? (412)

Please read

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

DO NOT READ

- 7 Don't Know/Unsure
- 9 Refused

FL5_4. During the past 30 days, how often did you use a prescription asthma inhaler **during an asthma attack** to stop it? (413)

INTERVIEW 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.

- 8 Never (include no attack in past 30 days here)
- 1 One to four times (in the past 30 days)
- 2 Five to fifteen 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)
- 7 Don't Know/Unsure
- 9 Refused

State-added 6: Air Quality and Physical Activity

(January – October 2005)

The next couple of questions are about the outdoor air quality where you live. In these questions, air quality refers to how clean the air is, or how polluted the air is.

FL6_1. Please think of the past 12 months. How many times did you reduce or change your outdoor activity because you thought the air quality was bad or was affecting how well you felt? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you made changes because of high pollen levels. (414)

Read

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

Do not read

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

FL6_2. The government routinely collects information on air quality that may be distributed by local radio, TV and newspapers to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live? Please do not include times when you may have heard or read about high pollen counts. (415)

- 1 Yes
- 2 No [Go to Question FL6_4]

- 7 Don't know/Not sure [Go to Question FL6_4]
- 9 Refused [Go to Question FL6_4]

FL6_3. Please think of the past 12 months. How many times did you reduce or change your outdoor activity level based on air quality index or air quality alerts? For example, avoiding outdoor exercise or strenuous outdoor activity. Please do not include times when you may have heard or read about high pollen counts. (416)

Read

- 1 None
- 2 1 to 3 times
- 3 4 to 6 times
- 4 More than 6 times

Do not read

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

FL6_4. Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity when the air quality is bad? (417)

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

State-added 7: Skin Cancer

FL7_1. When you are tanning, either outside or on an indoor tanning bed, what products do you usually apply to your skin? (418)

- 1 Tan enhancer
- 2 Sunblock lotion with less than SPF 15;
- 3 Sunblock lotion with SPF 15 or greater
- 4 Do not use any skin products (Go to next section)
- 5 I don't purposely tan in direct sunlight or use a tanning bed. (go to next section)
- 6 Other
- 7 Don't know/Not sure (go to next section)
- 9 Refused (go to next section)

[Note: Tanning bed sessions are no more than 20 minutes and are dependent on the person's pigmentation. Tan Enhancer can be manufactured in oil, lotion or tablet form and is designed to enhance skin tone, skin color and skin texture. Tan enhancers are used to achieve a long lasting, deep, darker tan at an accelerated rate.]

FL7_2. When you are outside, in direct sunlight, purposely for tanning; do you reapply sunblock lotion? (419)

- 1 Yes
- 2 No
- 3 No, I don't purposely tan in direct sunlight.
- 7 Don't know/Not sure
- 9 Refused

State-added 8: Folic Acid

FL8_1. Do you currently take any vitamin pills or supplements? (420)

Include liquid supplements

- 1 Yes
- 2 No ⇒Go to FL8_5
- 7 Don't know/Not sure ⇒Go to FL8_5
- 9 Refused ⇒Go to FL8_5

FL8_2. Are any of these a multivitamin? (421)

- 1 Yes ⇒Go to FL8_4
- 2 No
- 7 Don't know/Not sure
- 9 Refused

FL8_3. Do any of the vitamin pills or supplements you take contain folic acid? (422)

- 1 Yes
- 2 No ⇒Go to FL8_5
- 7 Don't know/Not sure ⇒Go to FL8_5
- 9 Refused ⇒Go to FL8_5

FL8_4. How often do you take this vitamin pill or supplement? (423-425)

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

If respondent is 45 years or older, **go to next module.**

FL8_5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons: (426)

Please read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- or
- 4 Some other reason

Do not read

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

Module 25: Sexual Violence

I'd like to ask you some questions about physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section I will give you phone numbers for organizations that can provide information and referral for both of these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer. If you are not in a safe place to answer these questions, I can skip to the next topic area.

My first questions are about unwanted sexual experiences you may have had.

1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, or making you look at sexual photos or movies. (377)

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

2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent? (378)

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

INTERVIEWER'S SCRIPT: Now I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

3. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (379)

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

4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent? (380)

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

CATI Note: Ask Q5 only if Q3 or Q4=1 (Yes).

[CATI INSTRUCTION]: Apply the following logic:

If Q4=1 (regardless of response to Q3) then Q5 reads "...the person who had sex with you..."

If Q4=2 and Q3=1 then Q5 reads "...the person who attempted to have sex with you..."

5. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent. (381-382)

DO NOT READ

- 01 Complete stranger
- 02 A person known for less than 24 hours
- 03 Acquaintance
- 04 Friend
- 05 Date
- 06 Current boyfriend/girlfriend
- 07 Former boyfriend/ girlfriend
- 08 Spouse or live-in partner
- 09 Ex-spouse or ex live-in partner
- 10 Co-worker
- 11 Neighbor
- 12 Parent
- 13 Step-parent
- 14 Parent's partner
- 15 Other relative
- 16 Other non-relative
- 17 Multiple perpetrators (skip gender)
- 77 Don't know / Not sure
- 99 Refused

INTERVIEWER NOTE: If the respondent indicates the gender of the person, please complete question 6. If the respondent does not indicate the gender of the person, please ask question 6.

6. Was the person who did this male or female? (383)

- 1 Male
- 2 Female
- 7 Don't know / Not sure
- 9 Refused

CATI Note: If Q3=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, ⇒Go to Q8.

7. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR? (384)

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

CATI Note: If Q4=2, 7, 9 (No, Don't Know, Refused); continue. Otherwise, read closing statement.

8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent? (385)

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

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1- 800-656-HOPE (4673)**. Would you like me to repeat this number?

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.

EMVA