



**2007**

**Florida**

**Behavioral Risk Factor Surveillance System**

**January 30, 2007**



# Behavioral Risk Factor Surveillance System 2007 Questionnaire

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

## Core Sections

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I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

### Section 1: Health Status (1)

---

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

(4)

### Section 2: Healthy Days — Health-Related Quality of Life (3)

---

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 **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

**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 (4)

---

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

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

**3.2** Do you have one person you think of as your personal doctor or health care provider?  
**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”** (81)

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

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

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

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)
- 1 Within past year (anytime less than 12 months ago)
  - 2 Within past 2 years (1 year but less than 2 years ago)
  - 3 Within past 5 years (2 years but less than 5 years ago)
  - 4 5 or more years ago
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

## Section 4: Exercise (1)

---

- 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 (1)

---

- 5.1** Have you ever been told by a doctor that you have diabetes? (85)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**
- If respondent says pre-diabetes or borderline diabetes, use response code 4.**
- 1 Yes
  - 2 Yes, but female told only during pregnancy
  - 3 No
  - 4 No, pre-diabetes or borderline diabetes
  - 7 Don't know / Not sure
  - 9 Refused

## Module 3: Diabetes (12)

---

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

**M3.1** How old were you when you were told you have diabetes? (244-245)

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

[CATI CHECK: Check with age in 12.1 – M3.1 needs to be ≤ 12.1.]

**M3.2** Are you now taking insulin? (246)

1 Yes  
 2 No  
 9 Refused

**M3.3** Are you now taking diabetes pills? (247)

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

**M3.4** 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. (248-250)

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



**M3.5** 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.

(251-253)

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

**M3.6** Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(254)

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

**M3.7** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(255-256)

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

**M3.8** 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"?

(257-258)

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

**CATI Note: If M3.5 = 555 (No feet), go to M3.10.**

**M3.9** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (259-260)

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

**M3.10** 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. (261)

**Read only if necessary:**

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

**Do not read:**

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

**M3.11** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (262)

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

**M3.12** Have you ever taken a course or class in how to manage your diabetes yourself? (263)

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

## Section 6: Hypertension Awareness (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 (3)

---

**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 (3)

---

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 (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 (7)

---

**10.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? (96)

- 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 sprayed in the nose is also called FluMist™. (97)

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

**10.3** 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? (98)

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

The next question is about behaviors related to Hepatitis B.

**10.4** Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (99)

**INTERVIEWER NOTE: Response is “Yes” only if respondent has received the entire series of three shots.**

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

**10.5** Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You have had sex with a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you? (100)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

## Section 11: Tobacco Use (3)

---

**11.1** Have you smoked at least 100 cigarettes in your entire life? (101)

**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? (102)

- 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? (103)

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

## Section 12: Demographics (19)

---

**12.1** What is your age? (104-105)

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

**IF C12.1 < M3.1: INTERVIEWER PROBE: Earlier you gave me your age when you were first told that you had diabetes and it was older than your current age. Can you tell me the age you were when you were told you had diabetes?**

**12.2** Are you Hispanic or Latino? (106)

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

**12.3** Which one or more of the following would you say is your race? (107-112)

**(Check all that apply)**

**Please read:**

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

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

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

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

**12.4** Which one of these groups would you say best represents your race? (113)

- 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] \_\_\_\_\_ [Interviewer instruction: Don't use]

**Do not read:**

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

**12.5** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Active duty does not include training for the Reserve or National Guard, but DOES include activation, for example, for the Persian Gulf War.* (114)

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



**12.6** Are you...? (115)

**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 Mod – took out DK

**12.7** How many children less than 18 years of age live in your household? (116-117)

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

**12.8** What is the highest grade or year of school you completed? (118)

**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 No DK

**12.9** Are you currently...? (119)

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

**Or**

8 Unable to work

**Do not read:**

9 Refused

**12.10**

Is your annual household income from all sources—

(120-121)

**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

**12.11** About how much do you weigh without shoes? (122-125)

**Note: If respondent answers in metrics, put “9” in column 122.**

**Round fractions up**

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

Range probe (Probe if weight is under 100 pounds and all kilograms – note that 1 kilo = 2.2 pounds)

**12.12** About how tall are you without shoes? (126-129)

**Note: If respondent answers in metrics, put “9” in column 126.**

**Round fractions down**

— / — —	Height
(ft / inches/meters/centimeters)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

probe and range check (if height is under 4'10" or more than 6'5" – Probe!. Probe for all metric)

**CATI Instruction: If C12.11 = 7777 or 9999, Skip to C12.15.**

**12.13** How much did you weigh a year ago? [CATI: If female respondent and age <46. If you were pregnant a year ago, how much did you weigh before your pregnancy?] (130-133)

**Note: If respondent answers in metrics, put “9” in column 130.**

**Round fractions up**

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

**CATI note: Subtract weight one year ago from current weight (weight in C12.11 – weight in C12.13). If weight is same, skip Q12.14.**

**12.14** Was the change between your current weight and your weight a year ago intentional? (134)

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

**12.15** What county do you live in? (135-137)

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

**12.16** What is your ZIP Code where you live? (138-142)

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

**12.17** Do you have more than one telephone **number** in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (143)

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

**12.18** How many of these telephone numbers are residential numbers? (144)

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

[Interviewer instruction: Make sure it is clear that we need the telephone numbers NOT telephones.]

**12.19** During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (145)

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

**12.20** **Indicate sex of respondent. Ask only if necessary.** (146)

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

**12.21** To your knowledge, are you now pregnant? (147)

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

(5)

### Section 13: Alcohol Consumption (5)

---

**13.1** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (148)

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

**13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (149-151)

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

**13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (152-153)

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

**13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (154-155)

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

**13.5** During the past 30 days, what is the largest number of drinks you had on any occasion?  
(156-157)

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

## Section 14: Disability (2)

---

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

**14.1** Are you limited in any way in any activities because of physical, mental, or emotional problems?  
(158)

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

**14.2** 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?  
(159)

**Include occasional use or use in certain circumstances.**

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

## Section 15: Arthritis Burden (4)

---

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

**15.1** During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?  
(160)

- 1 Yes
- 2 No [Go to Q15.4]
- 7 Don't know / Not sure [Go to Q15.4]
- 9 Refused [Go to Q15.4]

**15.2** Did your joint symptoms first begin more than 3 months ago? (161)

1	Yes	
2	No	[Go to Q15.4]
7	Don't know / Not sure	[Go to Q15.4]
9	Refused	[Go to Q15.4]

**15.3** Have you ever seen a doctor or other health professional for these joint symptoms? (162)

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

**15.4** 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? (163)

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)

**CATI Note:** If either Q15.2 = 1 (Yes) or Q15.4 = 1 (Yes); continue. Otherwise, go to next section.

**15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (164)

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

**INTERVIEWER 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 16: Fruits and Vegetables (6)

---

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.

**16.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (165-167)

- 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

**16.2** Not counting juice, how often do you eat fruit? (168-170)

- 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

**16.3** How often do you eat green salad? (171-173)

- 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



**16.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (174-176)

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

**16.5** How often do you eat carrots? (177-179)

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

**16.6** 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.) (180-182)

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

## Section 17: Physical Activity (7)

---

**CATI note: If Core Q12.9=1 (employed for wages) or 2 (self-employed) then continue. Otherwise, Go to Q17.2.**

**17.1** When you are at work, which of the following best describes what you do? Would you say— (183)

**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.

**17.2** 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? (184)

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure [Go to Q17.5]
- 9 Refused [Go to Q17.5]

**17.3** How many days per week do you do these moderate activities for at least 10 minutes at a time? (185-186)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q17.5]
- 7 7 Don't know / Not sure [Go to Q17.5]
- 9 9 Refused [Go to Q17.5]

**17.4** 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? (187-189)

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

Cannot be less than 010 – they should not be able to proceed if this is less than 010.

**17.5** 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? (190)

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

**17.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time? (191-192)

- |     |  |                             |
|-----|--|-----------------------------|
| __  | Days per week  |                             |
| 8 8 | Do not do any vigorous physical activity for at least 10 minutes at a time | <b>[Go to next section]</b> |
| 7 7 | Don't know / Not sure  | <b>[Go to next section]</b> |
| 9 9 | Refused  | <b>[Go to next section]</b> |

**17.7** 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? (193-195)

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

Cannot be less than 010 – they should not be able to proceed if this is less than 010.

## Section 18: HIV/AIDS (4)

---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**18.1** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (196)

- |   |                       |                             |
|---|-----------------------|-----------------------------|
| 1 | Yes                   |                             |
| 2 | No                    | <b>[Go to next section]</b> |
| 7 | Don't know / Not Sure | <b>[Go to next section]</b> |
| 9 | Refused               | <b>[Go to next section]</b> |

**18.2** Not including blood donations, in what month and year was your last HIV test? (197-202)

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

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

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

**18.3** 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 a drug treatment facility, at home, or somewhere else?

(203-204)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison (or other correctional facility)
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- 77 Don't know/Not sure
- 99 Refused

**CATI note: Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.**

**18.4** Was it a rapid test where you could get your results within a couple of hours?

(205)

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

## Section 19: Emotional Support and Life Satisfaction (2)

---

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

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

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

(206)

**Please read:**

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

**Do not read:**

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

**19.2** In general, how satisfied are you with your life?

(207)

**Please read:**

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

**Do not read:**

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

## Section 20: Gastrointestinal Disease

---

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

**20.1** In the past 30 days, did you have diarrhea that began within the 30 day period?  
*Diarrhea is defined as 3 or more loose stools in a 24-hour period.*

(208)

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

**20.2** Did you visit a doctor, nurse or other health professional for this diarrheal illness?

**Note: Do not answer "Yes" if you just had telephone contact with a health professional.**

(209)

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

**20.3** When you visited your health care professional, did you provide a stool sample for testing?

(210)

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

**(6)**

## Transition to Modules and/or State-Added Questions

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### Transition to Modules and/or State-Added Questions

Please read:

Now I have some other questions about health topics.

## Optional Modules

---

### Module 7: Actions to Control High Blood Pressure (10)

---

**CATI note: If Core Q6.1 = 1 (Yes); continue. Otherwise, go to next module.**

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

**M7.1** (Are you) changing your eating habits (to help lower or control your high blood pressure)? (289)

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

**M7.2** (Are you) cutting down on salt (to help lower or control your high blood pressure)? (290)

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

**M7.3** (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (291)

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

**M7.4** (Are you) exercising (to help lower or control your high blood pressure)? (292)

- 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?

**M7.5** (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (293)

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

**M7.6** (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (294)

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

**M7.7** (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (295)

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

**M7.8** (Ever advised you to) exercise (to help lower or control your high blood pressure)? (296)

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

**M7.9** (Ever advised you to) take medication (to help lower or control your high blood pressure)? (297)

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

**M7.10** Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (298)

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 9: Women’s Health (7)

---

**CATI note: If respondent is male, go to the next module.**

The next questions are about breast and cervical cancer.

**M9.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (312)

- 1 Yes
- 2 No [Go to M9.3]
- 7 Don't know / Not sure [Go to M9.3]
- 9 Refused [Go to M9.3]

**M9.2** How long has it been since you had your last mammogram? (313)

**Read only if necessary:**

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

**Do not read:**

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

**M9.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (314)

- 1 Yes
- 2 No [Go to M9.5]
- 7 Don't know / Not sure [Go to M9.5]
- 9 Refused [Go to M9.5]



**M9.4** How long has it been since your last breast exam? (315)

**Read only if necessary:**

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

**Do not read:**

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

**M9.5** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (316)

- 1 Yes
- 2 No [Go to M9.7]
- 7 Don't know / Not Sure [Go to M9.7]
- 9 Refused [Go to M9.7]

**M9.6** How long has it been since you had your last Pap test? (317)

**Read only if necessary:**

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

**Do not read:**

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

**CATI note: If response to Core Q12.21 = 1 (is pregnant); then go to next module.**

**M9.7** Have you had a hysterectomy? (318)

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

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

## Module 13: Arthritis Management (4)

---

**CATI note: If Core Q15.2 or Q15.4 = 1 (Yes), continue. Otherwise, go to next module.**

**M13.1** 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**? (345)

**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

**M13.2** Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (346)

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

**M13.3** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (347)

**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

**M13.4** Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (348)

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

## State-Added Questions

---

### State-Added 1: Call Back (1)

---

**FL1.1** May we call you back at later time to ask you additional questions about important health topics? (401)

- 1 Yes
- 2 No SKIP TO FL2.1
- 7 Don't know / Not sure SKIP TO FL2.1
- 9 Refused SKIP TO FL2.1

**FL1.2** What is your name? (402-427)

---

### State-Added 2: Epilepsy (2)

---

**FL2.1** Have you ever been told by a doctor that you have a seizure disorder or epilepsy? (428)

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

**FL2.2** Are you currently taking any medicine to control your seizure disorder or epilepsy? (429)

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

### State-Added 3: Antibiotic Resistance (1)

---

**FL3.1** Some infections are caused by bacteria that are not longer killed by common antibiotics. Have you ever heard of antibiotic resistant infections? (430)

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

## State-Added 4: Home Water Use / Home Environment (2)

---

CATI Instruction: If C12.15 = 87, Skip to FL4.2.

**CATI Instruction: If C12.15 = 31, Skip to FL6.1.**

**CATI Instruction: If C12.15 = 95, Skip to FL5.4.**

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

**FL4.1**            What is the main source of your home water supply? (431)

**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**? (432)

**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: Air Quality (4)

---

CATI Instruction: If C12.15 = 19, Skip to FL6.1.

CATI Instruction: If C12.15 = 87, Skip to FL6.3.

CATI Instruction: If C12.15 = 21, Skip to FL6.1.

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.

**FL5.1** 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. (433)

**Please 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

**FL5.2** 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. (434)

- 1 Yes
- 2 No [Go to Question FL5.4]
- 7 Don't know/Not sure [Go to Question FL5.4]
- 9 Refused [Go to Question FL5.4]

**FL5.3** 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. (435)

**Please 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

**FL5.4** Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity when the air quality is bad? (436)

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

## State-Added 6: Injury (3)

---

**Ask FL6.1 if response to 12.7 is NOT 88 OR 0; else skip to FL6.2.**

CATI Instruction: If C12.15 = 95, Skip to FL6.3.

**FL6.1** If your child is between 4 and 8 years old, does your child use a booster seat when riding in a car? (437)

- 1 I don't have a child 4 to 8 years old
- 2 Yes, always
- 3 Yes, sometimes
- 4 No, my child is too big or too old to use a booster seat
- 5 No, there is no law that requires my child to use a booster seat
- 6 I'm not sure what a booster seat is
  
- 7 Don't know / Not sure
- 9 Refused

CATI Instruction: If C12.15 = 19, Skip to FL7.1.

CATI Instruction: If C12.15 = 31, Skip to FL7.1.

**FL6.2** If you have a swimming pool, hot tub, or nonportable spa in your home, when was it built? (438)

- 1 I don't have a swimming pool, hot tub, or nonportable spa in my home TO FL7.1 SKIP
- 2 Before October 1, 2000
- 3 After October 1, 2000
  
- 7 Don't know/Not sure
- 9 Refused

**FL6.3** If you have a swimming pool, hot tub, or nonportable spa in your home, what pool safety feature do you use? (439-440)

- 01 I don't have a swimming pool, hot tub, or nonportable spa in my home
- 02 Safety pool cover
- 03 Pool fence or pool cage with self-closing, self-latching gates or doors
- 04 Self-closing, self-latching doors from my home to the pool or spa area
- 05 Exit alarms on windows and doors from my home to the pool or spa area
- 06 A combination of 2 or more pool safety features
- 07 Other
- 08 None
  
- 77 Don't know/Not sure
- 99 Refused

## State-Added 7: Tobacco (2)

---

CATI Instruction: If C12.15 = 95, Skip to FL8.1.

**FL7.1** During the past 7 days, approximately how many hours (total in a week) did you spend in a room (either work or home) where someone has been smoking? (441-442)

**Please read:**

- 1 Zero hours
- 2 More than zero hours, less than one hour {example: 30 minutes or half an hour}
- 3 1-2 hours
- 4 3-5 hours
- 5 6-10 hours {example: 1 hour each day for a full week}
- 6 11-20 hours {example: 2 hours each day for a full week}
- 7 21-50 hours
- 8 51-100 hours
- 9 101-168 hours

**Do not read:**

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

CATI Instruction: If C12.15 = 19 or 87, Skip to FL8.1.

CATI Instruction: If C12.15 = 31, Skip to FL8.1.

**FL7.2** Over the past 12 months, did you ever buy or give someone under the age of 18, cigarettes, chewing tobacco, or any other tobacco products? (443)

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

## State-Added 8: Folic Acid (1)

---

CATI Instruction: If C12.15 = 21, Skip to FL9.1.

**FL8.1** Do you currently take a multivitamin? (444)

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

## State-Added 9: Immunization/Influenza (5)

**CATI Note: Ask Question FL9.1 if Q10.1=2 (No) and Q10.2=2 (No), else start section with Question FL9.2.**

**FL9.1** Earlier you said that you had not received a flu vaccination in the past 12 months. What is the MAIN reason you have NOT had a flu vaccination? (445-446)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

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

- 1 Need: Do not think need it / not recommended
- 2 Concern about vaccine: side effects / can cause flu / does not work
- 3 No Access
- 4 Cost: Cannot afford
- 5 Was not offered by provider
- 6 Vaccine shortage: saving vaccine for people who need it more
- 7 Vaccine shortage: tried to find vaccine, but could not get it
- 8 Vaccine shortage: not eligible to receive vaccine
- 9 Some other reason
  
- 77 Don't know / Not sure (Probe: "What was the main reason?")
- 99 Refused

**[CATI INSTRUCTION: IF C9.1 = 1, do not ask FL9.2 but rather automatically code a response '1' for FL9.2.]**

**FL9.2** 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; Sickle cell anemia or other anemia (447)

- 1 Yes
- 2 No [Go to Question FL9.4]
- 7 Don't know / Not sure [Go to Question FL9.4]
- 9 Refused [Go to Question FL9.4]

**[CATI INSTRUCTION: IF C9.1 = 1, CODE FL9.3 WITH SAME RESPONSE AS FOR C9.2]**

**FL9.3** Do you still have (this/any of these) problem(s)? (448)

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



**FL9.4** Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? (449)

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

**FL9.5** Do you have direct face-to-face or hands-on contact with patients as a part of your routine work? (450)

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

## State-Added 10: Dental Care Access (1)

---

**FL10.1** Was there a time in the past 12 months when you needed to see a dentist but could not because of cost? (451)

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

## State-Added 11: Prostate Cancer Screening (4)

---

CATI Instruction: If C12.15 = 87, Skip to FL12.1.

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next module.**

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

**FL11.1** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (452)

- 1 Yes
- 2 No [Go to FL11.3]
- 7 Don't Know / Not Sure [Go to FL11.3]
- 9 Refused [Go to FL11.3]

**FL11.2** How long has it been since you had your last PSA test? (453)

**Read only if necessary:**

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

**Do not read:**

- 7 Don't know
- 9 Refused

**FL11.3** A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (454)

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

**FL11.4** How long has it been since your last digital rectal exam? (455)

**Read only if necessary:**

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

**Do not read:**

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

## State-Added 12: Colorectal Cancer Screening (4)

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next module.**

**FL12.1** 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? (456)

- 1 Yes
- 2 No [Go to FL12.3]
- 7 Don't know / Not sure [Go to FL12.3]
- 9 Refused [Go to FL12.3]

CATI Instruction: If C12.15 = 19, Skip to FL12.3.

**FL12.2** How long has it been since you had your last blood stool test using a home kit? (457)

**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

**FL12.3** 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? (458)

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

**FL12.4** How long has it been since you had your last sigmoidoscopy or colonoscopy? (459)

**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

## State-Added 13: Sunscreen Use/Skin Cancer (2)

---

**FL13.1** When you are tanning, either outside or on an indoor tanning bed, what products do you usually apply to your skin? (460)

- 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.]

**FL13.2** When you are outside, in direct sunlight, purposely for tanning; do you reapply sunblock lotion? (461)

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

## State-Added 14: Step Up, Florida! (1)

---

CATI Instruction: If C12.15 = 19, Skip to FL16.1.

CATI Instruction: If C12.15 = 31, Skip to FL15.1.

**FL14.1** During the month of February, all Florida counties participate in a physical activity campaign called Step Up Florida. Have you seen or heard anything about this statewide campaign or have you participated in any Step Up Florida activities or events? (462)

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

## State-Added 15: Environment – Harmful Algal Blooms (1)

---

CATI Instruction: If C12.15 = 95, Skip to FL16.1.

The next question is about your health and the water environment such as oceans, bays, lakes, springs, and rivers. Sometimes in these locations, there are algae blooms that can produce natural toxins (these blooms are known as Harmful Algal Blooms or HABs).

FL15.1. Have you ever been sick or had a reaction due to any of the following: **Florida Red Tide**, **Blue Green Algae** (also known as cyanobacteria), **ciguatera fish poisoning** after eating fish, or from eating **puffer fish**? (463-464)

- 1 Red Tide
- 2 Blue Green Algae
- 3 Ciguatera Fish Poisoning
- 4 Puffer Fish Poisoning
- 5 Had two of these
- 6 Had three of these
- 7 Had all of these
- 8 Don't know what these Harmful Algal Blooms are
- 10 No [note: added later and separate question]

**Do not read:**

- 9 Refused

**Interviewer note: There are other names for the toxins and illnesses that are sometimes interchanged. These include:**

- **Florida Red Tide: brevetoxins; neurotoxic shellfish poisoning**
- **Blue Green Algae: Cyanobacteria**
- **Blue Green Algae Toxins: Cyanotoxins**
- **Puffer Fish Poisoning: Saxitoxins**
- **Saxitoxin: Paralytic Shellfish Poisoning**
- **Ciguatera : Ciguatera Fish Poisoning**

## State-Added 16: Substance Abuse / SEW (1)

---

FL16.1 How do you feel about **adults** trying marijuana or hashish once or twice? (465)

- 1 Neither approve nor disapprove
- 2 Somewhat disapprove
- 3 Strongly disapprove
- 4 Approve
- 7 Not Sure/Do not know
- 9 Refused

## State-Added 17: Sexual Violence (4)

---

Now I'd like to ask you some questions about different types of 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 these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

- FL17.0. Are you in a safe place to answer these questions?** (466)
- |   |                              |  |
|---|------------------------------|--|
| 1 | Yes                          |  |
| 2 | No                           | <b>[Go to county specific questions]</b> |
| 7 | <b>Don't know / Not sure</b> | <b>[Go to county specific questions]</b> |
| 9 | <b>Refused</b>               | <b>[Go to county specific questions]</b> |

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

- FL17.1.** 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 (for example being groped or fondled)? (467)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

- FL17.2.** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies? (468)
- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

Now, I am going to ask you questions 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.

- FL17.3.** Has anyone EVER had sex with you or EVER ATTEMPTED to have sex with you after you said or showed that you didn't want them to or without your consent? (469)
- 1 Yes
  - 2 No [Go to Closing Statement/County question]
  - 7 Don't know / Not sure [Go to Closing Statement/County question]
  - 9 Refused [Go to Closing Statement/County question]

**CATI note: If FL17.3 = 1 (Yes); continue. Otherwise, read closing statement/county question.**

- FL17.4.** Think about the time of the most recent incident involving a person who ***had sex with you*** –or- ***attempted to have sex with you*** after you said or showed that you didn't want to or without your consent. What was that person's relationship to you? (470-471)

**Do not read:**

- 0 1 Current boyfriend/girlfriend
- 0 2 Former boyfriend/girlfriend
- 0 3 Fiancé
- 0 4 Spouse or live-in partner
- 0 5 Former spouse or former live-in partner
- 0 6 Someone you were dating
- 0 7 First Date
- 0 8 Friend
- 0 9 Acquaintance
- 1 0 A person known for less than 24 hours
- 1 1 Complete stranger
- 1 2 Parent
- 1 3 Step-parent
- 1 4 Parent's partner
- 1 5 Parent in-law
- 1 6 Other relative
- 1 7 Neighbor
- 1 8 Co-worker
- 1 9 Other non-relative
- 2 0 Multiple perpetrators
- 7 7 Don't know / Not sure
- 9 9 Refused

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?

Now I have few questions from your county health department.

## County-Added 1: Clay County (10)

---

**CATI: Ask CC1.1 to CC1.10 if C12.15 = 19; else skip to next section.**

CC1.1 Does your family have a disaster preparedness plan for evacuation in the event of a natural disaster? (480)

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

CC1.2. Do you feel that the rate of growth in your community over the last 4 years has negatively impacted your quality of life? (INTERVIEWER: If response is 'yes', probe for significantly or slightly) (481)

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

CC1.3. How often in the past 6 months have you swam, boated, fished, water/jet skied, or sailed in water with a visible amount of blue-green algae (pond scum) on the surface of the water? (482-483)

- \_\_\_ Number of times (estimate)
- 00 None
- 77 Don't know/Not sure
- 99 Refused

CC1.4. Have you or a family member ever been told by a doctor or health care professional that you have Alzheimer's disease? (484)

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

CC1.5. How many times in the past 12 months have you stopped taking a prescription of an antibiotic before the recommended date to end the drug regimen? (485-486)

- \_\_\_ Number of times (estimate)
- 00 None
- 77 Don't know/Not sure
- 99 Refused



- CC1.6. Have you had a Tetanus shot in the last 10 years? (487)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused
- CC1.7. In the past 5 years have you received an open wound from an injury or animal bite that broke the skin and later developed a wound infection? (488)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused
- CC1.8. Do you apply sun-block when performing light outdoor activities such as gardening, going for short walks, or any time spent outside which was less than one hour? (specify if you apply sun-block before or after going outside) (489)
- 1 Yes-apply before going outside
  - 2 Yes-apply after going outside
  - 3 Yes-apply both before and after going outside
  - 4 No
  - 7 Don't know/Not sure
  - 9 Refused
- CC1.9. Are you currently seeking to improve your or your family's health? (490)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused
- CC1.10. Have you had your home water system tested for bacteria and parasites in the past 12 months? (Not including testing from a home water softener company). (491)
- 1 Yes-bacteria testing only
  - 2 Yes-parasitic testing only
  - 3 Yes-both bacteria and parasitic testing
  - 4 None
  - 7 Don't know/Not sure
  - 9 Refused

## County-Added 2: Collier County (10)

---

**CATI: Ask CC2.1 to CC2.5 if C12.15 = 21; else skip to next section.**

**CC2.1.** Do you or your family have a disaster preparedness plan in the event of a natural disaster? (500)

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

**CC2.2.** Have you had a Tetanus shot in the last 10 years? (501)

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

**CC2.3.** Do you know what services the Collier County Health Department provides to the public? (502)

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

**CC2.4.** What is your biggest health concern in Collier County? (503-504)

- 1 HIV/AIDS
- 2 STD/Hepatitis
- 3 Hurricane Preparedness
- 4 Pandemic Flu/Public Health Preparedness
- 5 Water/Beach Quality
- 6 Chronic Disease(Diabetes, Heart/Stroke, Tobacco Use or Obesity)
- 7 Skin Cancer
- 8 Health Care Access/Primary Care
- 9 Preventive Care Services
- 10 Mental Health
- 11 Dental
- 12 Other
  
- 77 Don't know/not sure
- 99 Refused

**CC2.5.** How likely do you think that a flu pandemic (worldwide outbreak) will occur within the next 15 years? (505)

- 1 Very likely
- 2 Likely
- 3 Unlikely
  
- 7 Don't know/Not sure
- 9 Refused

### County-Added 3: Duval County (10)

---

**CATI: Ask CC3.1 to CC3.10 if C12.15 = 31; else skip to next section.**

**CC3.1.** How many cans or glasses of sweet drinks (such as sweet tea, Kool-aid, energy/sport drinks or fruit drinks) do you have a day? Count the number by how many drinks you have that are the size of regular soda [12 oz ] can. (510)

- 1 none
- 2 one or two
- 3 three or four
- 4 five or six
- 5 seven or more
- 7 (VOL) Don't know/not sure
- 9 (VOL) Refused

**CC3.2.** How many cans or glasses of non-sweet drinks (Such as water, diet soda, unsweetened tea or milk) do you have a day? Count the number by how many drinks you have that are the size of regular soda [12 oz ] can. (511)

- 1 none
- 2 one or two
- 3 three or four
- 4 five or six
- 5 seven or more
- 7 (VOL) Don't know/not sure
- 9 (VOL) Refused

**CC3.3.** In general, when you are served food, do you eat: (512)

**Please read:**

- 1 a certain amount of food regardless of how much is on your plate
- 2 all the food on your plate even after you do not feel hungry
- 3 all the food on your plate until you feel full
- 4 keep eating even after you feel full

**Don't read:**

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

**CC3.4.** In general, when you are eating at a fast food restaurant, do you: (513)

**Please read:**

- 1 Order within a calorie limit or other diet restriction
- 2 Order what sounds good, regardless of calories or portion size
- 3 Order larger portions to get a greater value
- 4 Super-size whenever you get the chance

**Don't read:**

- 5 Do not eat at fast food restaurants
- 7 Don't know/Not sure
- 9 Refused

**CC3.5.** What size portion of meat or poultry do you normally eat? (514)

**Please read:**

- 1 3 oz. (size of a deck of cards)
- 2 6 oz. (2 deck of cards)
- 3 9 oz. (3 deck of cards)
- 4 12oz. (4 deck of cards)
- Or
- 5 I do not eat meat or poultry

**Don't read:**

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

**CC3.6.** On an average day, how many hours do you watch TV, surf the internet, or play video games? (515)

- 1 None
- 2 Less than 1 hour
- 3 1 - 2 hours per day
- 4 3 - 4 hours per day
- 5 5 hours or more hours per day
- 7 (VOL) Don't know/Not sure
- 9 (VOL) Refused

**CATI Instruction: Ask CC3.7 and CC3.8 only if C12.9 =1; else skip to CC3.9.**

**CC3.7.** What employee wellness programs do you participate in: (check all that apply) (516-520)  
**MULTIPLE RECORD**

- 1 My employer doesn't offer programs SKIP TO CC3.9
- 2 My employer offers programs but I don't participate
- 3 Physical activity/fitness program
- 4 Nutrition or weight management classes or counseling
- 5 Tobacco Cessation
- 6 Programs to prevent or reduce stress
- 8 Other, please specify\_\_\_\_\_

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

CATI INSTRUCTION: If CC3.7 = 1, 3, 4, 5, 6 or 7, SKIP to CC3.9.

**CC3.8.** Why don't you participate in your worksites wellness program? (Check all that apply)  
**MULTIPLE RESPONSE QUESTION** (521-525)

- 1 I do participate
- 2 Cannot use work time to participate
- 3 Programs are offered at times that conflict with my schedule
- 4 No incentives are offered to motivate me
- 5 Do not offer any programs I'm interested in
- 6 Other, please specify \_\_\_\_\_
- 7 Don't know/Not sure
- 9 Refused

**CC3.9.** About how many days per week do you make extra efforts to get exercise on your way to work, school or other places such as using the stairs instead of the elevator or parking away from your destination so that you walk more? (526)

- 1 Never
- 2 At least 1 day per week
- 3 At least 3 days per week
- 4 Most days per week
- 5 Everyday
- 7 Don't know
- 9 Refused

**CC3.10.** During your time away from work, how many days per week do you participate in planned exercise such as going to gym, doing fitness classes, running and/or walking at a certain intensity, etc. (527)

- 1 Never
- 2 At least 1 day per week
- 3 At least 3 days per week
- 4 Most days per week
- 5 Everyday
- 7 Don't know/Refused
- 9 Refused

## County-Added 4: Monroe County (10)

---

**CATI: Ask CC4.1 to CC4.10 if C12.15 = 87; else skip to next section.**

CC4.1. Do you know what services the Monroe County Health Department provides to the public? (530)

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

CC4.2. Have you ever been to any of the Monroe County Health Department Clinics for health services in Tavernier, Marathon, or Key West (Roth Building, Ruth Ivins, and Gato Bldg., Roosevelt Sands Clinic, or the Health Care Center)? (531)

- 1 Yes
- 2 No (Skip to CC4.4)
- 7 Don't know/Not sure (Skip to CC4.4)
- 9 Refused (Skip to CC4.4)

CC4.3. Please rate your experience at the Monroe County Health Department Clinics? (532)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

CC4.4. Have you ever been to the Environmental Health offices at the Monroe County Health Department for services (Upper Keys, Marathon, or Key West)? (533)

- 1 Yes
- 2 No (Skip to CC4.6)
- 7 Don't know/ Not sure (Skip to CC4.6)
- 9 Refused (Skip to CC4.6)

CC4.5. Please rate your experience at the Monroe County Health Department Environmental Health offices? (534)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

CC4.6. What is the biggest health concern in Monroe County?

(535-536)

- 1 HIV/AIDS
- 2 STD/Hepatitis
- 3 Hurricane Preparedness
- 4 Bioterrorism/Public Health Preparedness
- 5 Water/Beach Quality
- 6 Chronic Disease (Diabetes, Heart/Stroke, Tobacco Use and Physical Activity)
- 7 Skin Cancer
- 8 Health Care Access/Primary Care
- 9 Preventive Care Services
- 10 Mental Health
- 11 Other
- 77 Don't know/Not sure
- 99 Refused

CC4.7. These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential. When you have sex, what gender do you prefer?

(537)

- 1 I am a man, and have sex only with women
- 2 I am a man, and have sex only with men.
- 3 I am a woman, and have sex only with men.
- 4 I am a woman, and have sex only with women.
- 5 I have sex with both men and women.
- 6 I don't have sex at all.
- 9 Refused

CC4.8. What do you do most often to avoid contracting HIV/AIDS and/or STDs?

(538-539)

- 1 Use condoms
- 2 Limit number of sexual partners
- 3 Avoid intravenous drug use/users
- 4 Pull out
- 5 Wash after sex
- 6 Oral sex only
- 7 Masturbate
- 8 Been with young people only
- 9 Nothing
- 10 Other
- 11 I don't have sex
- 77 Don't know/Not sure
- 99 Refused

CC4.9. In which of the following locations are you **most** comfortable being tested for HIV/AIDS and/or STDs?

(540-541)

**Please read:**

- 1 Monroe County Health Department
- 2 Mobile van in your neighborhood
- 3 Church
- 4 Bar
- 5 Mental health provider
- 6 Community Center
- 7 Your home
- 8 Private doctor/physician office
- 9 Nowhere
- 10 Other

**Do not read:**

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

CC4.10. Which of the following recreational drugs have you used in the past 12 months?

MULTIPLE RESPONSE

(542-547)

**Please read:**

- 1 Marijuana
- 2 Prescription drugs not used to treat a condition or illness
- 3 Methamphetamines
- 4 Cocaine/Crack
- 5 Intravenous drugs
- 6 Other
- 7 None

**Do not read:**

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

## County-Added 5: Orange County (10)

---

**CATI: Ask CC5.1 to CC5.10 if C12.15 = 95; else skip to next section.**

CC5.1. Do you take aspirin daily or every other day?

(550)

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

Allergy symptoms can be similar to the symptoms associated with a cold, and may include a runny or stuffy nose, sneezing, wheezing, watery and itchy eyes, and cough. While colds may have many of the same symptoms, colds are also commonly accompanied by additional symptoms such as fever, aches and pains. A cold usually disappears within 7-10 days; allergies can last as long as allergens are present.



- CC5.2.** In the past 12 months, have you had cold like symptoms that last longer than 10 days?  
(551)
- 1 Yes
  - 2 No
  
  - 7 (VOL) Don't know / Not sure
  - 9 (VOL) Refused

**CATI NOTE: IF C9.2 = 1, ASK CC5.3; ELSE GO TO CC5.5.**

- CC5.3.** Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —  
(552)

**Please read:**

- 8 Not at any time **[Go to CC5.5]**
- 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

- CC5.4.** During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?  
(553)

**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 / Not sure
- 9 Refused

**CC5.5.** During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up?

**[IF NECESSARY: all, most, some, a little, or none of the time?]**

(554)

- 1 All
- 2 Most
- 3 Some
- 4 A little
- 5 None
- 7 (VOL) Don't know / Not sure
- 9 (VOL) Refused

**CC5.6.** Do you have both a disaster plan and emergency kit?

(555)

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

**CC5.7.** If eligible, have you registered on the People with Special Needs Registry?

(556)

- 1 I am not eligible for the People with Special Needs Registry
- 2 Yes
- 3 No
- 4 I was not aware that there is a People with Special Needs Registry
- 7 Don't Know/Not Sure
- 9 Refused

The next question is about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

**CC5.8. Are you in a safe place to answer these questions?**

(557)

- 1 Yes
- 2 No **[Go to closing statement]**

**CC5.9.** Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

(558)

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

Now, I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.

**CC5.10.** In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? (559)

- |   |                             |                        |
|---|-----------------------------|------------------------|
| 1 | Yes                         |                        |
| 2 | No                          | [Go to HOPE statement] |
| 7 | (VOL) Don't know / Not sure | [Go to HOPE statement] |
| 9 | (VOL) Refused               | [Go to HOPE statement] |

**CC5.11.** In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex? (560)

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

**HOPE:** 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?

## Closing Statement

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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.