



2008 FLORIDA

Behavioral Risk Factor Surveillance System

Questionnaire

January 2008



Behavioral Risk Factor Surveillance System 2008 Florida Questionnaire

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Interviewer's Script

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.

CTELENUM Is this (phone number) ?

If "no,"

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

PVTRESID Is this a private residence in Florida ?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

CELLFON Is this a cellular telephone?

[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".

If "yes,"

Thank you very much, but we are only interviewing land line telephones and 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?

NUMADULT Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

NUMMEN Number of men

NUMWOMEN Number of women

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

If "you," go to page 4



To the correct respondent:

[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

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, please call 1-866-779-6122.

Section 1: Health Status

GENHLTH	Would you say that in general your health is—	[1.1] (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

PHYSHLTH	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?	[2.1] (74–75)
	— — Number of days	
	8 8 None	
	7 7 Don't know / Not sure	
	9 9 Refused	

MENTHLTH	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?	[2.2] (76–77)
	— — Number of days	
	8 8 None [If PHYSHLTH and MENTHLTH = 88 (None), go to next section]	
	7 7 Don't know / Not sure	
	9 9 Refused	

MENHLTH
variable
name
updated to
MENTHLTH

POORHLTH 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? [2.3] (78-79)

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

Section 3: Health Care Access

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

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

PERSDOC2 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?” [3.2] (81)

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

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

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

CHECKUP1 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. [3.4] (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: Sleep

The next question is about getting enough rest or sleep.

- 4.1** During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (84-85)
- | | |
|-----|-----------------------|
| – – | Number of days |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 5: Exercise

- EXERANY2** 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? [5.1] (86)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 6: Diabetes

- DIABETE2** Have you ever been told by a doctor that you have diabetes? [6.1] (87)
- 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 2: Diabetes

To be asked following **DIABETE2**; if response is "Yes" (code = 1); else skip to **LASTDEN3**.

- DIABAGE2** How old were you when you were told you have diabetes? [M2.1] (229-230)
- | | |
|-----|---------------------------------------|
| – – | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure |
| 9 9 | Refused |

INSULIN Are you now taking insulin? [M2.2] (231)

1 Yes
 2 No
 9 Refused

BLDSUGAR 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. [M2.3] (232-234)

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

FEETCHK2 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. [M2.4] (235-237)

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

DOCTDIAB About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? [M2.5] (238-239)

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

CHKHEMO3 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"? [M2.6] (240-241)

_ _ 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 FEETCHK2 = 555 (No feet), go to EYEEXAM.

FEETCHK About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? [M2.7] (242-243)

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

EYEEXAM 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. [M2.8] (244)

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

DIABEYE Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? [M2.9] (245)

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

DIABEDU Have you ever taken a course or class in how to manage your diabetes yourself? [M2.10] (246)

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

Section 7: Oral Health

LASTDEN3 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. [7.1]
(88)

Read only if necessary:

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

Do not read:

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

RMVTEETH How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. [7.2]

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

(89)

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

CATI note: If LASTDEN3 = 8 (Never) or RMVTEETH = 3 (All), go to next section.

DENCLEAN How long has it been since you had your teeth cleaned by a dentist or dental hygienist? [7.3]
(90)

Read only if necessary:

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

Do not read:

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

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.”

CVDINFR4 (Ever told) you had a heart attack, also called a myocardial infarction? **[8.1]**
(91)

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

CVDCRHD4 (Ever told) you had angina or coronary heart disease? **[8.2]**
(92)

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

CVDSTRK3 (Ever told) you had a stroke? **[8.3]**
(93)

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

Section 9: Asthma

ASTHMA2 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? **[9.1]**
(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]**

ASTHNOW Do you still have asthma? **[9.2]**
(95)

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

Section 10: Disability

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

QLACTLM2 Are you limited in any way in any activities because of physical, mental, or emotional problems? [10.1]
(96)

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

USEEQUIP 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? [10.2]
(97)

Include occasional use or use in certain circumstances.

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

Section 11: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life? [11.1]
(98)

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]

SMOKEDAY Do you now smoke cigarettes every day, some days, or not at all? [11.2]
(99)

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]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? [11.3]
(100)

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

Section 12: Demographics

AGE What is your age? [12.1]
(101-102)

Code age in years

0 7 Don't know / Not sure

0 9 Refused

HISPANC2 Are you Hispanic or Latino? [12.2]
(103)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

MRACE Which one or more of the following would you say is your race? [12.3]
(104-109)

(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 MRACE; continue. Otherwise, go to VETERAN.

ORACE2 Which one of these groups would you say best represents your race? [12,4]
(110)

- 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] _____

Do not read:

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

VETERAN 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 Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.* [12.5]
(111)

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

MARITAL Are you...? [12.6]
(112)

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

CHILDREN How many children less than 18 years of age live in your household? [12.7]
(113-114)

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

EDUCA What is the highest grade or year of school you completed? [12.8]
(115)

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

EMPLOY Are you currently...?

[12.9]
(116)

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

INCOME2 Is your annual household income from all sources—

[12.10]
(117-118)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

WEIGHT2 About how much do you weigh without shoes? [12.11]
(119-122)

NOTE: If respondent answers in metrics, put "9" in column 119.

Round fractions up

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

CATI note: If WEIGHT2 = 7777 (Don't know/Not sure) or 9999 (Refused), skip WTYRAGO and WTCHGINT).

HEIGHT3 About how tall are you without shoes? [12.12]
(123-126)

NOTE: If respondent answers in metrics, put "9" in column 123.

Round fractions down

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

WTYRAGO How much did you weigh a year ago? [If you were pregnant a year ago, how much did you weigh before your pregnancy?] **CATI: If female respondent and age <46.** [12.13]
(127-130)

NOTE: If respondent answers in metrics, put "9" in column 127.

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. If weight is same, skip WTCHGINT.

WTCHGINT Was the change between your current weight and your weight a year ago intentional? [12.14] (131)

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

CTYCODE What county do you live in? [12.15]
(132-134)

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

ZIPCODE What is your ZIP Code where you live? [12.16]
(135-139)

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

NUMHHOL2 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. [12.17]
(140)

1 Yes
 2 No [Go to TELSERV2]
 7 Don't know / Not sure [Go to TELSERV2]
 9 Refused [Go to TELSERV2]

NUMPHON2 How many of these telephone numbers are residential numbers? [12.18]
(141)

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

TELSERV2 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. [12.19]
(142)

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

SEX Indicate sex of respondent. Ask only if necessary. [12.20]
(143)

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

PREGNANT To your knowledge, are you now pregnant? [12.21]
(144)

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

Section 13: Alcohol Consumption

DRNKANY4 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? [13.1]
(145)

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

ALCDAY4 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? [13.2]
(146-148)

- | | | |
|--------|---------------------------|-----------------------------|
| 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 | |

AVEDRNK2 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? [13.3]

- NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**
- (149-150)
- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

DRNK3GE5 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? [13.4]
(151-152)

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

MAXDRNK5 During the past 30 days, what is the largest number of drinks you had on any occasion? [13.5]
(153-154)

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

Section 14: Immunization

FLUSHOT3 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot? [14.1]
(155)

- 1 Yes
- 2 No [Go to FLUSPRY2]
- 7 Don't know / Not sure [Go to FLUSPRY2]
- 9 Refused [Go to FLUSPRY2]

14.2 During what month and year did you receive your most recent flu shot? (156-161)

- / -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

FLUSPRY2 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™. [14.3]
(162)

- 1 Yes
- 2 No [Go to PNEUVAC3]
- 7 Don't know / Not sure [Go to PNEUVAC3]
- 9 Refused [Go to PNEUVAC3]

14.4 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose? (163-168)

- / -- Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

PNEUVAC3 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? [14.5]
(169)

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

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

FALL3MN2 In the past 3 months, how many times have you fallen? [15.1]
(170-171)

– –	Number of times	[76 = 76 or more]
8 8	None	[Go to next section]
7 7	Don't know / Not sure	[Go to next section]
9 9	Refused	[Go to next section]

15.2 [Fill in “Did this fall (from FALL3MN2) cause an injury?”]. If only one fall from FALL3MN2 and response is “Yes” (caused an injury); code 01. If response is “No”, code 88.

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(172-173)

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

Section 16: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say— [16.1]

(174)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

7	Don't know / Not sure
8	Never drive or ride in a car
9	Refused

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

Section 17: Drinking and Driving

CATI note: If DRNKANY4 = 2 (No); go to next section.

The next question is about drinking and driving.

DRINKDRI During the past 30 days, how many times have you driven when you've had perhaps too much to drink? [17.1]
(175-176)

– –	Number of times	
8 8	None	
7 7	Don't know / Not sure	
9 9	Refused	

Section 18: Women's Health

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

The next questions are about breast and cervical cancer.

HADMAM A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? [18.1]
(177)

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

HOWLONG How long has it been since you had your last mammogram? [18.2]
(178)

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

PROFEXAM 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? [18.3]
(179)

- 1 Yes
- 2 No [Go to HADPAP2]
- 7 Don't know / Not sure [Go to HADPAP2]
- 9 Refused [Go to HADPAP2]

LENGEXAM How long has it been since your last breast exam? [18.4]
(180)

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

HADPAP2 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? [18.5]
(181)

- 1 Yes
- 2 No [Go to HADHYST2]
- 7 Don't know / Not sure [Go to HADHYST2]
- 9 Refused [Go to HADHYST2]

LASTPAP2 How long has it been since you had your last Pap test? [18.6]
(182)

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 PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2 Have you had a hysterectomy? [18.7]
(183)

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

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

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

PSATEST 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? [19.1]
(184)

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

PSATIME How long has it been since you had your last PSA test? [19.2]
(185)

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

DIGRECEX 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? [19.3]
(186)

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

DRETIME How long has it been since your last digital rectal exam? [19.4]
(187)

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

PROSTATE Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? [19.5]
(188)

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

Section 20: Colorectal Cancer Screening

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

BLDSTOOL 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? [20.1]
(189)

- 1 Yes
- 2 No **[Go to HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

LSTBLDS2 How long has it been since you had your last blood stool test using a home kit? [20.2]
(190)

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

HADSIGM3 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? [20.3]
(191)

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

20.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (192)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

LASTSIG2 How long has it been since you had your last sigmoidoscopy or colonoscopy? [20.5]
(193)

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 21: HIV/AIDS

ASK OF EVERYONE.

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.

HIVTST5 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. [21.1]
(194)

- 1 Yes
- 2 No [Go to 21.5]
- 7 Don't know / Not sure [Go to 21.5]

9 Refused [Go to 21.5]

HIVTSTD2 Not including blood donations, in what month and year was your last HIV test? [21.2]
(195-200)

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
77/7777	Don't know / Not sure
99/9999	Refused

WHRTST8 Where did you have your last HIV test — at a private doctor or HMO office, at 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? [21.3]
(201-202)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 3 Hospital
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home
- 0 8 Somewhere else
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: Ask HIVRDTST; if HIVTSTD2 = within last 12 months. Otherwise, go to Q21.5.

HIVRDTST Was it a rapid test where you could get your results within a couple of hours? [21.4]
(203)

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

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

- 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? (204)

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

Section 22: Emotional Support and Life Satisfaction

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

EMTSUPRT How often do you get the social and emotional support you need? [22.1]

INTERVIEWER NOTE: If asked, say “please include support from any source”. (205)

Please read:

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

Do not read:

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

LSATISFY In general, how satisfied are you with your life? [22.2]
(206)

Please read:

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

Do not read:

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

Optional Modules & State-Added Questions

Module 5: High Risk / Health Care Worker

The next few questions ask about health care work and chronic illness.

M5.1 Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health-care facility as well as professional nursing care provided in the home. (265)

INTERVIEWER NOTE: If necessary say: “This includes non-health care professionals, such as administrative staff, who work in a health-care facility.”

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

9 Refused [Go to DRHPAD]

M5.2 Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients. (266)

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

DRHPAD Has a doctor, nurse, or other health professional ever said that you have... [M5.3]

Read all items listed below before waiting for an answer:

[See Attached Health Problems List]

Lung problems, other than asthma
Kidney problems
Anemia, including Sickle Cell

Or

A weakened immune system caused by a chronic illness or by medicines taken for a chronic illness?

(267)

- 1 Yes
- 2 No [Go to M7.1]
- 7 Don't know / Not sure [Go to M7.1]
- 9 Refused [Go to M7.1]

HAVHPAD Do you still have (this/any of these) problem(s)? [M5.4] (268)

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

List of Health Problems to Accompany DRHPAD

[DO NOT READ]

INTERVIEWER TACK UP

Lung Problems

- Acute Respiratory Distress Syndrome (ARDS)
- Bronchiectasis
- Bronchopulmonary Dysplasia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Emphysema
- Lymphangioliomyomatosis (LAM)
- Pulmonary Arterial Hypertension
- Sarcoidosis

Kidney Problems

- Chronic Kidney Disease
- Cystitis
- Cystocele (Fallen Bladder)
- Cysts
- Ectopic Kidney
- End-Stage Renal Disease (ESRD)
- Glomerular Diseases
- Interstitial Cystitis
- Kidney Failure
- Kidney Stones
- Nephrotic Syndrome
- Polycystic Kidney Disease
- Pyelonephritis (Kidney Infection)
- Renal Artery Stenosis
- Renal Osteodystrophy
- Renal Tubular Acidosis

Anemia

- Anemia
- Aplastic Anemia
- Fanconi Anemia
- Iron Deficiency Anemia
- Pernicious Anemia
- Sickle Cell Anemia
- Thalassemia

Causes of Weak Immune System

- Cancer
- Chemotherapy
- HIV/AIDS
- Steroids
- Transplant Medicines

Module 7: Other Tobacco Products

Now, I would like to ask you questions about your use of tobacco products other than cigarettes.

M7.1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? (Snus rhymes with goose).

(282)

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that is placed under the lip against the gum.

- | | | |
|---|-----------------------|------------------------------|
| 1 | Yes | |
| 2 | No | [Go to Question M7.3] |
| 7 | Don't know / Not sure | [Go to Question M7.3] |
| 9 | Refused | [Go to Question M7.3] |

- M7.2** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (283)
- 1 Every day
 - 2 Some days
 - 3 Not at all
 - 7 Don't know / Not sure
 - 9 Refused

- M7.3** Do you currently use cigars, pipes, bidis, kreteks or other tobacco products? Do not include cigarettes, snus, snuff, or chewing tobacco.

NOTE: Bidis are small, brown, and-rolled cigarettes from India and other southeast Asian countries.

Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

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

(284)

State-Added 1: Diabetes

CATI note: Ask question FL1.1 if question DIABEDU = 1 (Yes). Otherwise, go to question FL1.2.

- FL1.1** About how long did the course or class you took in how to manage your diabetes yourself last? The total time you spent in course or class may have been spread out over days or weeks. (401)
- 1 Less than one hour
 - 2 More than 1 hour but less than 4 hours
 - 3 More than 4 hours but less than 8 hours
 - 4 8 to 10 hours
 - 5 Over 10 hours
 - 7 Don't know
 - 9 Refused

- FL1.2** Has anyone in your household under the age of 18 ever been told by a doctor that he/she has diabetes? (402)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**

- FL1.3** Does that person (in your household under the age of 18 that has been told by a doctor that he/she has diabetes) inject insulin? (403)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

State-Added 2: Cancer Prevalence

IF PROSTATE=1, use ALT FL2.1; else use FL2.1.

- FL2.1** Have you ever been told by a doctor that you had cancer?
 ALTFL2.1. Earlier you said that you had prostate cancer. Have you ever been told by a doctor that you had any other type of cancer? (404)
- 1 Yes
 - 2 No [Go to Pre-FL2.2]
 - 7 Don't know / Not sure [Go to Pre-FL2.2]
 - 9 Refused [Go to Pre-FL2.2]

PRE-FL2.2: If PROSTATE=1, automatically code 21 in FL2.2; else go to next section]

- FL2.2** What type or types of cancer have you had? Please do not include non-melanoma skin cancer. (405-418)

Read if necessary:

- 1 BLADDER CANCER
- 2 BONE
- 3 BRAIN
- 4 BREAST CANCER
- 5 CERVICAL CANCER (CANCER OF THE CERVIX)
- 6 COLON CANCER
- 7 ENDOMETRIAL CANCER (CANCER OF THE UTERUS)
- 8 HEAD AND NECK CANCER
- 9 HEART
- 10 LEUKEMIA/BLOOD CANCER
- 11 LIVER
- 12 LUNG CANCER
- 13 LYMPHOMA
- 14 MELANOMA
- 15 NEUROBLASTOMA
- 16 OTHER SKIN CANCER
- 17 ORAL CANCER
- 18 OVARIAN CANCER
- 19 PANCREATIC CANCER
- 20 PHARYNGEAL (THROAT) CANCER
- 21 PROSTATE CANCER
- 22 RECTAL CANCER
- 23 RENAL (KIDNEY) CANCER
- 24 STOMACH

- 25 THYROID
- 26 OTHER
- 77 Don't know / Not sure [Go to next section]
- 99 Refused [Go to next section]

FL2.3 At what age or in what year were you first told that you had {enter first response from question FL2.2}? (419-423)

- 1 __ Code age in years
- 2 _ _ _ _ Enter Year
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

CATI note: If only one response for question FL2.2, go to next section.

FL2.4 At what age or in what year were you first told that you had {enter second response from question FL2.2}? (424-428)

- 1 __ Code age in years
- 2 _ _ _ _ Enter Year
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

State-Added 3: Caregiver Module

FL3.1 People may provide regular care or assistance to someone who has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend? (429)

IF NEEDED: If recipient has died in the past 30 days, say "I'm so sorry to hear of your loss" and go to the next section.

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

FL3.2 What age is the person to whom you are giving care? (430-432)

IF NEEDED: If more than one, ask, "What is the age of the person to whom you gave the most care in the past 30 days?"

- _ _ _ _ Age in years [0-115]
- 998 Don't know
- 999 Refused

FL3.3 What is the gender of the person you are caring for? (433)

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

FL3.4 (Program for gender based on response to question FL3.3) What is his/her relationship to you? For example is he/she your (mother/daughter or father/son)?

DO NOT READ ANSWER CHOICES. Let the respondent name the relationship, but probe to fit if it isn't clear. PROBE for relationship – If more than one, ask “What is the relationship of the person to whom you gave the most care in the past 30 days?”

IF NEEDED – If more than one relationship applies, say “I can only record ONE answer choice”, or something similar to ensure respondent chooses only one option.

(434-435)

- 1 Parent
- 2 Parent-in-law
- 3 Child
- 4 Spouse
- 5 Sibling
- 6 Grandparent
- 7 Grandchild
- 8 Other Relative
- 9 Friend or client
- 77 Don't Know / Not Sure
- 99 Refused

FL3.5 What do you think or what has a doctor said is the major health problem that your ____ {Insert response question FL3.4} has?

CHECK ONE CONDITION ONLY. DO NOT READ ANSWER CHOICES.

(436-437)

- 1 ADD/ADHD
- 2 AIDS/HIV
- 3 Alzheimer's Disease or dementia
- 4 Anxiety or emotional problems
- 5 Arthritis/rheumatism
- 6 Asthma
- 7 Cancer
- 8 Cerebral Palsy
- 9 Chromosomal anomaly
- 10 Depression
- 11 Down's syndrome
- 12 Developmental delays
- 13 Diabetes
- 14 Eye/vision problem (blindness)
- 15 Hearing problems (deafness)
- 16 Heart disease
- 17 Hypertension/high blood pressure
- 18 Lung disease/emphysema
- 19 Multiple Sclerosis
- 20 Muscular Dystrophy

- 21 Osteoporosis
- 22 Parkinson's
- 23 Spinal Cord Injury (SCI)
- 24 Stroke
- 25 Traumatic Brain Injury (TBI)
- 26 Other: Specify _____ (438-458)
- 77 Don't know/Not sure
- 99 Refused

FL3.6 Which TWO of the following areas does your ____ {Insert response question FL3.4} most need your help?

PLEASE READ ANSWER CHOICES 1-7. CHECK UP TO TWO. MULTIPLE RESPONSE.

(459-462)

- 1 Learning, remembering, & confusion;
- 2 Seeing or hearing;
- 3 Taking care of oneself, such as eating, dressing, bathing, or toileting;
- 4 Communicating with others;
- 5 Moving around;
- 6 Getting along with people;
- or
- 7 Feeling anxious or depressed

Please do not read:

- 77 Don't Know
- 99 Refused

FL3.7 For how long have you provided care for your ____ {Insert response question FL3.4}?

DO NOT READ. Code using respondent's unit of time.

(463-465)

- 1 __ Days
- 2 __ Weeks
- 3 __ Months
- 4 __ Years

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

FL3.8 In an average week, how many hours do you provide care for your ____ {Insert response question FL3.4} because of his/her long-term illness or disability?

DO NOT READ

(466-468)

- __ - Hours per week
- 77 Don't Know
- 99 Refused

FL3.9 I am going to read a list of difficulties you may have faced as a caregiver. Please indicate which TWO of the following is the greatest difficulty you have faced in your caregiving:

PLEASE READ ANSWER CHOICES 1-8. CHECK UP TO TWO

(469-472)

- 1 Caregiving creates a financial burden;
- 2 Caregiving doesn't leave enough time for yourself;
- 3 Caregiving doesn't leave enough time for your family;
- 4 Caregiving interferes with your work;
- 5 Caregiving creates or aggravates health problems;
- 6 Caregiving affects your family relationships;
- 7 Caregiving creates stress;
or
- 8 Another difficulty

Please do not read:

- 77 Don't know/Not sure
99 Refused

FL3.10 How far away do you live from your ____ {Insert response question FL3.4}? Do you live...

PLEASE READ ANSWER CHOICES 1-5.

(473)

- 1 In the same house
- 2 Less than 20 minutes away
- 3 Between 20 & 60 minutes away
- 4 Between 1 & 2 hours away,
or
- 5 More than two hours away?

Please do not read:

- 7 Don't know/Not sure
9 Refused

FL3.11 Do you have concerns about your ____ {Insert response question FL3.4}'s memory or thinking?

(474)

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

FL3.12 Does your ____ {Insert response question FL3.4}'s memory or thinking interfere with everyday activities or quality of life?

(475)

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

FL3.13 Has a physician or other health care professional ever evaluated your relative's memory or thinking problems?"

(476)

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

State-Added 4: Tobacco Initiation & Secondhand Smoke

CATI note: If SMOKE100=1 (Yes) and SMOKEDAY=1 or 2 (smoke every day or some days), go to question FL4.1. Otherwise, go to question FL4.2.

FL4.1 About how old were you when you first started smoking cigarettes fairly regularly? (477-478)

--	Code age in years
77	Don't know / Not sure
99	Refused

FL4.2 On how many of the past 7 days, did anyone smoke in your home while you were there? (479-480)

__	Number of days (1-7 days)
55	I was not at home in the past 7 days
88	None

Do not read:

77	Don't know / Not sure
99	Refused

State-Added 5: Disability / Traumatic Brain Injuries

FL5.1 Have you ever hit your head so hard that you saw stars, lost consciousness or blacked out, or been told that you had a concussion? (481)

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

State-Added 6: Family Planning

CATI note: Skip module and go to next section if respondent is: male (SEX = 1); OR female (SEX = 2) and 45 years of age or older (AGE = 45 or greater), or has had a hysterectomy (HADHYST2 = 1), or is pregnant (PREGNANT = 1).

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- FL6.1** Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your “**husband/partner**” doing anything now to keep “**you**” from getting pregnant? (482)

Note: If more than one partner, consider usual partner.

- 1 Yes
- 2 No **[Go to question FL6.3]**
- 3 No partner/not sexually active **[Go to next module]**
- 4 Same sex partner **[Go to next module]**
- 7 Don't know **[Go to next module]**
- 9 Refused **[Go to next module]**

- FL6.2** What are you or your “**husband/partner**” doing now to keep “**you**” from getting pregnant? (483-484)

Read only if necessary:

- 01 Tubes tied **[Go to next module]**
- 02 Hysterectomy (female sterilization) **[Go to next module]**
- 03 Vasectomy (male sterilization) **[Go to next module]**
- 04 Pill, all kinds (Seasonale, etc.) **[Go to next module]**
- 05 Condoms (male or female) **[Go to next module]**
- 06 Contraceptive implants (Jadelle or Implants) **[Go to next module]**
- 07 Shots (Depo-Provera) **[Go to next module]**
- 08 Contraceptive Ring (Nuvaring or others) **[Go to next module]**
- 09 Contraceptive Patch **[Go to next module]**
- 10 Diaphragm, cervical ring, or cap **[Go to next module]**
- 11 IUD (including Mirena) **[Go to next module]**
- 12 Emergency contraception (EC) **[Go to next module]**
- 13 Withdrawal **[Go to next module]**
- 14 Not having sex at certain times (rhythm) **[Go to next module]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to next module]**

Do not read:

- 77 Don't know / Not sure **[Go to next module]**
- 99 Refused **[Go to next module]**

- FL6.3** What is your main reason for not doing anything to keep “**you**” from getting pregnant? (485-486)

Read only if necessary:

- 01 Didn't think you were going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control
- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you can get pregnant
- 08 You had tubes tied (sterilization)
- 09 Your partner had a vasectomy (sterilization)
- 10 You had a hysterectomy

- 11 You or your partner are too old
- 12 You are currently breast-feeding
- 13 You just had a baby/postpartum
- 14 Other reason
- 15 Don't care if you get pregnant
- 16 You are pregnant now

Do not read:

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

State-Added 7: Environmental Health

FL7.1 I am going to read a list of different environmental issues that may impact health. From the list, tell me which issue you know the least about. (487-488)

Read:

- 1 Drinking water quality
- 2 Outdoor air quality
- 3 Indoor air quality (e.g. dust, mold, and/or vapors)
- 4 Exposure to mercury in fish
or
- 5 Lead exposure

Do not read:

- 55 None of these
- 77 Don't know
- 99 Refused

The following question is about the environmental health conditions in your neighborhood. A neighborhood is defined as an area within one-half mile or a ten minute walk from your home.

FL7.2 I am going to read you a list. Please indicate one change from the list that you believe may improve the health and wellness of the individuals in your neighborhood? (489-490)

Read:

- 1 Adding a public park, bike trail, or sidewalk
- 2 Improving old, run-down housing
- 3 Improving neighborhood safety
- 4 Improving animal control and vector control services, like mosquito control
or
- 5 Getting hazardous waste sites cleaned up

Do not read:

- 55 None of these
- 77 Don't know
- 99 Refused

State-Added 8: Antibiotic Resistance

FL8.1 Some infections are caused by bacteria that are no longer killed by common antibiotics, also called “superbugs”. Have you ever heard about antibiotic resistance? (491)

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

FL8.2 Do you believe that antibiotics are a good medication for colds? (492)

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

State-Added 9: ATOD - State Epidemiology Workgroup / DCF

How much do people risk harming themselves physically and in other ways (no risk, slight risk, moderate risk or great risk) when they do the following:

FL9.1 Smoke 1 or more packs of cigarettes per day? (493)

1 No risk
2 Slight risk
3 Moderate risk
4 Great risk
7 Don't know / Not sure
9 Refused

FL9.2 Smoke marijuana once a month? (494)

1 No risk
2 Slight risk
3 Moderate risk
4 Great risk
7 Don't know / Not sure
9 Refused

FL9.3 Try cocaine, heroin, LSD, methamphetamine, or other illegal drugs once or twice? (495)

1 No risk
2 Slight risk
3 Moderate risk
4 Great risk
7 Don't know / Not sure

9 Refused

FL9.4 Use cocaine, heroin, LSD, methamphetamine, or other illegal drugs once or twice a week? (496)

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- 7 Don't know / Not sure
- 9 Refused

FL9.5 Use a prescription drug that was not prescribed for them once or twice? (497)

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- 7 Don't know / Not sure
- 9 Refused

FL9.6 Use a prescription drug that was not prescribed for them once or twice a week? (498)

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- 7 Don't know / Not sure
- 9 Refused

FL9.7 Have 1 or 2 drinks of an alcoholic beverage nearly every day? (499)

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- 7 Don't know / Not sure
- 9 Refused

FL9.8 Have five or more drinks of an alcoholic beverage once or twice a week? (500)

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- 7 Don't know / Not sure
- 9 Refused

Please tell me if you don't disapprove, disapprove, or strongly disapprove of people doing each of the following:

- | | | |
|---------------|---|-------|
| FL9.9 | Smoking one or more packs of cigarettes per day? | (501) |
| | 1 Don't disapprove | |
| | 2 Disapprove | |
| | 3 Strongly disapprove | |
| | 7 Don't know / Not sure | |
| | 9 Refused | |
|
 | | |
| FL9.10 | Smoking marijuana regularly? | (502) |
| | 1 Don't disapprove | |
| | 2 Disapprove | |
| | 3 Strongly disapprove | |
| | 7 Don't know / Not sure | |
| | 9 Refused | |
|
 | | |
| FL9.11 | Having five or more drinks once or twice every weekend? | (503) |
| | 1 Don't disapprove | |
| | 2 Disapprove | |
| | 3 Strongly disapprove | |
| | 7 Don't know / Not sure | |
| | 9 Refused | |
|
 | | |
| FL9.12 | Trying LSD, cocaine, methamphetamine, heroin, or other illegal drugs? | (504) |
| | 1 Don't disapprove | |
| | 2 Disapprove | |
| | 3 Strongly disapprove | |
| | 7 Don't know / Not sure | |
| | 9 Refused | |

Section 10: Adverse Childhood Outcomes

Now, I'd like to ask you some questions about adverse experiences from your childhood (before you turned 18 years old). Several recent studies have shown that adult health behaviors and outcomes are tied to adverse experiences during childhood. Your answers to the following questions will allow us to better understand these connections and develop plans to reduce the occurrence of poor health outcomes in the future. 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 you can ask me to skip any question that you do not want to answer.

Adverse childhood experiences include situations like living with someone with a drug or alcohol problem, the death of a parent or divorce, living in stressful situations, or child abuse or neglect.

- FL10.1** Did your parents divorce or did you have a parent die during your childhood? (505)
- 1 Yes
 - 2 No
 - 9 Refused
- FL10.2** Did you live with anyone who was a problem drinker, alcoholic, or who used illicit drugs? (506)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- FL10.3** Was anyone in your childhood home mentally depressed, mentally ill or tried to attempt suicide? (507)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- FL10.4** Did parents or adults in your home ever push, grab, shove, slap, or throw something at each other? (508)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- FL10.5** Were you abused by someone during your childhood? (509)
- 1 Yes
 - 2 No **[Go to closing statement]**
 - 9 Refused **[Go to closing statement]**
- FL10.6** Was this person an adult family member, a family member under the age of 18, or someone else? **MULTIPLE RESPONSE** (510-512)
- 1 Adult Family Member
 - 2 Child Family Member
 - 3 Other
 - 7 Don't know / Not sure
 - 9 Refused

Closing: We realize that these questions 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, there is a toll-free and confidential telephone hotline you can call. The number is **1- 800-799-SAFE (7233)**. Would you like me to repeat the number?

State-Added 11: Call Back (1)

FL11.1 May we call you back at a later time to ask you additional questions about important health topics? (513)

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

FL11.2 What is your name? (514-538)

Closing Statement

Please read:

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.