



2014

**Behavioral Risk Factor Surveillance System
Questionnaire**

Florida

December 4, 2013

Behavioral Risk Factor Surveillance System 2014 Questionnaire

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Interviewer's Script

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) 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.

Is this (phone number) ?

If "No"

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

Is this a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes [Go to state of residence]
No [Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

STOP

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes [Go to state of residence]
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP

State of Residence

Do you reside in ____ (state) ____ ?

Yes [Go to Cellular Phone]
No

If "No"

Thank you very much, but we are only interviewing persons who live in the state of _____ at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: "By cellular (or cell) 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 by land line telephones and for private residences or college housing. **STOP**

No

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection Adult

Are you 18 years of age or older?

- 1 **Yes, respondent is male** [Go to Page 6]
- 2 **Yes, respondent is female** [Go to Page 6]
- 3 **No**

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

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?

___ Number of men

___ Number of women

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

If "you," go to page 6



To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) 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 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 about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is —? (80)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (81–82)

- — 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? (83–84)

- – 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? (85-86)

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

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (87)

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
- 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?” (88)

- 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? (89)

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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

- 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. (90)
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 5 years (2 years but less than 5 years ago)
 - 4 5 or more years ago
 - 7 Don't know / Not sure
 - 8 Never
 - 9 Refused

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (91)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 5.1** On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. (92-93)

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

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."

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction? (94)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.2** (Ever told) you had angina or coronary heart disease? (95)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.3** (Ever told) you had a stroke? (96)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 6.4** (Ever told) you had asthma? (97)
- 1 Yes
 - 2 No [Go to Q6.6]
 - 7 Don't know / Not sure [Go to Q6.6]
 - 9 Refused [Go to Q6.6]
- 6.5** Do you still have asthma? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

6.6 (Ever told) you had skin cancer? (99)

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

6.7 (Ever told) you had any other types of cancer? (100)

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

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (101)

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

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (102)

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)

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (103)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (104)

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

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

6.12 (Ever told) you have diabetes? (105)

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

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

6.13 How old were you when you were told you have diabetes? (106-107)

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

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

- 7.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (108)

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

- 7.2** 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.

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

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

(109)

Section 8: Demographics

- 8.1** What is your age? (110-111)

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

8.2 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

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

8.3 Which one or more of the following would you say is your race?

(116-143)

Interviewer Note: Select all that apply.

Interviewer Note: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

8.4 Which one of these groups would you say best represents your race?

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

8.5 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?

(147)

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

8.7 How many children less than 18 years of age live in your household?

(148-149)

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

8.8 What is the highest grade or year of school you completed?

(150)

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

8.9 Are you currently...?

(151)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 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

Module 14: Industry and Occupation (Split B only)

CATI Note: If Split A, go to Core 8.10

If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,

- 1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)
(373-472)

INTERVIEWER NOTE: If respondent is unclear, ask “What is your job title?”

INTERVIEWER NOTE: If respondent has more than one job then ask, “What is your main job?”

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”

INTERVIEWER NOTE: If respondent had more than one job then ask, "What was your main job?"

[Record answer] _____
99 Refused

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (473-572)

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

- 8.10 Is your annual household income from all sources— (152-153)

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

8.11 About how much do you weigh without shoes? (154-157)

NOTE: If respondent answers in metrics, put "9" in column 154.

Round fractions up

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

8.12 About how tall are you without shoes? (158-161)

NOTE: If respondent answers in metrics, put "9" in column 158.

Round fractions down

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

8.13 What county do you live in? (162-164)

__ __ __ ANSI County Code (formerly FIPS county code)
 7 7 7 Don't know / Not sure
 9 9 9 Refused

8.14 What is the ZIP Code where you live? (165-169)

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

8.15 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. (170)

- 1 Yes
- 2 No [Go to Q8.17]
- 7 Don't know / Not sure [Go to Q8.17]
- 9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (171)

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

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

- 1 Yes [Go to Q8.19]
- 2 No [Go to Q8.19]
- 7 Don't know / Not sure [Go to Q8.19]
- 9 Refused [Go to Q8.19]

8.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.19 Have you used the internet in the past 30 days? (176)

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

8.20 Do you own or rent your home? (177)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.21 Indicate sex of respondent. **Ask only if necessary.** (178)

- 1 Male **[Go to Q8.23]**
- 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

8.22 To your knowledge, are you now pregnant? (179)

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

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

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)

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

8.24 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? (181)

NOTE: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

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

8.27 Do you have serious difficulty walking or climbing stairs? (184)

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

8.28 Do you have difficulty dressing or bathing? (185)

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

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

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

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

(187)

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

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

(188)

- | | | |
|---|-----------------------|--------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to Q9.4] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

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

(189)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [Go to Q9.5] |
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

(190-191)

- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |
| 0 7 | 10 years or more |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (192)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (193-195)

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

10.2 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? (196-197)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

10.3 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? (198-199)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(200-201)
- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
(202)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.3] |
| 7 | Don't know / Not sure | [Go to Q11.3] |
| 9 | Refused | [Go to Q11.3] |

- 11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
(203-208)

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

- 11.3** 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?
(209)

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

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

The next question is about the Shingles vaccine.

- 11.4** Have you ever had the shingles or zoster vaccine? (210)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine.

Section 12: Falls

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

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 12.1** In the past 12 months, how many times have you fallen? (211-212)
- – 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]

- 12.2** [Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 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. (213-214)

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say— (215)

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 Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

14.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)

- 1 Yes
- 2 No [Go to Q15.3]
- 7 Don't know / Not sure [Go to Q15.3]
- 9 Refused [Go to Q15.3]

15.2 How long has it been since you had your last mammogram? (219)

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

15.3 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? (220)

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

15.4 How long has it been since your last breast exam? (221)

Read only if necessary:

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

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

15.6 How long has it been since you had your last Pap test? (223)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 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 Q8.22 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (224)

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 16: 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.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (225)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

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

16.4. Have you EVER HAD a PSA test? (228)

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

16.5. How long has it been since you had your last PSA test? (229)

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

16.6. What was the MAIN reason you had this PSA test – was it ...? (230)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

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

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 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? (231)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit? (232)

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

17.3 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? (233)

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

17.4 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? (234)

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

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 18: HIV/AIDS

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. (236)

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

18.2 Not including blood donations, in what month and year was your last HIV test? (237-242)

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 / Not sure

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (243-244)

- 01 Private doctor or HMO office
- 02 Counseling and testing site
- 09 Emergency room
- 03 Hospital inpatient
- 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

Closing Statement or Transition to Modules and/or State-Added Questions

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1: Pre-Diabetes (Both Split A and Split B)

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q6.12 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (255)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

- 2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (256)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- 1 Yes
 - 2 Yes, during pregnancy
 - 3 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 2: Diabetes (Both Split A and Split B)

CATI note: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

1. Are you now taking insulin? (257)
- 1 Yes
 - 2 No
 - 9 Refused
2. 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. (258-260)

- 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

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. 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.

(261-263)

- 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

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

(264-265)

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

5. 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"?

(266-267)

- _ _ 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 Q3 = 555 (No feet), go to Q7.

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (268-269)

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

7. 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. (270)

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

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (271)

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

9. Have you ever taken a course or class in how to manage your diabetes yourself? (272)

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

Module 5: Alcohol Screening & Brief Intervention (Split B Only)

CATI: This module is for Split B only

If Core Q3.4 = 1, or 2 (had a checkup within the past 2 years) continue, else go to next module.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

- 1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (317)

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

2. Did the health care provider ask you in person or on a form how much you drink? (318)

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

3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion? (319)

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

4. Were you offered advice about what level of drinking is harmful or risky for your health?

1 Yes (320)
2 No
7 Don't know / Not sure
9 Refused

CATI: If question 1, 2, or 3 = 1 (Yes) continue, else go to next module.

5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (321)

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

State Added Questions (Split A Only)

FL10 Diabetes

CATI note: To be asked following Module 2 (Diabetes) Q9; if response to Core Q6.12 is "Yes" (code = 1)

FL10.1 Have you ever been advised by a doctor or other healthcare professional to take medication for diabetes, such as an oral medication or insulin? (898)

Interviewer Note: Wait for yes or no response . If "Yes" then ask: "Is that insulin only, oral medication only, or both insulin and oral medication?"

1. Yes – insulin only
2. Yes – oral medication only
3. Yes – both insulin and oral medication
4. No
7. Don't know/ Not sure
9. Refused

CATI note: If FL10.1 = 4, 7, or 9, go to FL10.4.

FL10.2. In general how often do you follow the directions such as the times per day and dose on your diabetes medication prescription(s)? Would you say: (899)

Read only if necessary:

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Not often
- 5 Never
- 6 Not currently prescribed

Do not read:

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

CATI note: If FL10.2 = 1, 6, 7, or 9, go to FL10.4.

FL10.3. What **is the main reason** that you are not taking your diabetes medication exactly as prescribed? (900-901)

Read only if necessary:

- 01 Forget to take it,
- 02 Do not like the side effects,
- 03 Cannot afford it,
- 04 Medication is not working,
- 05 Trying to lower blood sugar without medication,
- 06 You feel okay without medication,
- 07 Ran out of medication,

- 08 Think you should be taking a different medication,
- 09 Don't know how to take the medication,
- 88 Other reasons

Do not read:

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

FL10.4. How often would you say your diabetes is currently under control?

(902)

Interviewer Note: If respondent asking, "Is that with or without medication?" The answer is under respondent's current practice, either with or without medication.

Read only if necessary:

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Not often
- 5 Never

Do not read:

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

FL08 Hypertension

FL08.1 Has a doctor, nurse, or other health professional **EVER** told you that you had high blood pressure, or hypertension

(889)

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

CATI: If FL08.1=2, 7 or 9 then go to FL08.6

FL08.2 Has a doctor or other health professional **EVER** helped you create a plan to manage your high blood pressure?

(890)

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

FL08.3 Have you **ever** been advised by a doctor or other healthcare professional to take medication to control your high blood pressure?

(891)

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

CATI: If FL08.3=2, 7 or 9 then go to FL08.6

FL08.4 In general how often do you follow the directions such as the times per day and dose on your blood pressure medication prescription(s)? Would you say: (892)

Please read:

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Not often
- 5 Never

Do not read:

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

CATI: If FL08.4=1, 6, 7 or 9 then go to FL08.6

FL08.5 What is the main reason that you are not taking your blood pressure medication exactly as prescribed? (893-894)

Interviewer Note: If respondent mentions multiple reasons, probe "what is the main reason?"

Read only necessary:

- 01 Forget to take it,
- 02 Do not like the side effects,
- 03 Cannot afford it,
- 04 Medication is not working,
- 05 Trying to lower blood pressure without medication,
- 06 You feel okay without medication,
- 07 Ran out of medication,
- 08 Think you should be taking a different medication,
- 09 Don't know how to take the medication,

Do not read:

- 10 Other reasons
- 11 Don't know/ Not sure
- 12 Refused

FL08.6 How often do you track and measure your blood pressure? (895)

- 1. Daily
- 2. Weekly (at least once in a week)
- 3. Monthly (at least once in a month)
- 4. Yearly (at least once in a year)
- 7. Don't know/ Not sure
- 9. refused/don't know

CATI: If FL08.6=7 or 9, then go to next module

FL08.7 How often would you say your blood pressure is under control in the past three months? (896)

- 1 Always
- 2 Most of the time
- 3 Some of the time

- 4 Not often
- 5 Never
- 7 Don't know/ Not sure
- 9 Refused

FL09 Asthma

CATI: If Core 6.5=1 then continue, else go to next module

FL09.1 An asthma action plan or asthma management plan is a form with instructions about when to change the amount or type of medicine when to call the doctor for advice and when to go to the emergency room. Has a doctor or other health professional ever given you an asthma action plan?

(897)

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

FL06 Preventive Counseling Services

Has a doctor, nurse, health educator or other health professional talked with you about injury prevention or have you received information about:

FL06.1 Swimming Pool Safety/ Drowning Prevention?

(865)

Interviewer Note: Wait for yes or no response . If "Yes" then ask: would you say that it was within the past 12 months, or within the past 3 years or 3 or more years ago.

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

FL06.2 Distracted Driving/Using Cell Phone or Texting While Driving?

(866)

Interviewer Note: Wait for yes or no response . If "Yes" then ask: would you that it was within the past 12 months, or within the past 3 years or 3 or more years ago.

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

FL06.3 Falls Prevention?

CATI: If Core 8.1 (age) >50 continue, else go to next module.

Interviewer Note: Wait for yes or no response. If "Yes" then ask: would you say that it was within the past 12 months, or within the past 3 years or 3 or more years ago.

- 1 Yes, within the past 12 months
- 2 Yes, within the past 3 years
- 3 Yes, 3 or more years ago
- 4 No
- 7 Don't know / Not sure
- 9 Refused

FL07 Disability

CATI: If Core 8.23=1 or 8.24=1 or 8.25=1 or 8.26=1 or 8.27=1 or 8.28=1 or 8.29=1 then continue, else go to Next module

Previously you mentioned having a physical, mental, emotional problem or a health condition that limited your activities or required the use of special equipment.

FL07.1 Now I will read a list of conditions, please you tell me what main type of health problem you have?

(868-869)

Interviewer Note: If respondent mentions multiple health problems, probe "what is the main health problem?"

Read only if necessary:

- 01. Physical impairment or disability
- 02. Paralysis (loss of your ability to totally or partially move a part of your body)
- 03. Loss of limb(s)
- 04. Learning or intellectual disability
- 05. Memory or cognitive disability
- 06. Emotional problems, such as depression, bipolar disorder or schizophrenia
- 07. Hearing disability
- 08. Blindness
- 09. Speech impairment
- 88. Other

Do not read:

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

FL07.2 How long have you had this health condition?

(870)

- 1. Since birth (at the time of your birth or up to 1 year of age)
- 2. Since a young child (between the ages of 1 to 9)
- 3. Since adolescence (between the ages of 10 to 17)
- 4. Since a young adult (between the ages of 18 to 39)
- 5. Since an older adult (over the age of 40)

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

FL07.3 In the last 12 months how often have you been treated unfairly at a doctor's office because of a disability, limitation, or other health condition? (871)

- 1. Never
- 2. Sometimes
- 3. Usually
- 4. Always
- 7. Don't know/ Not sure
- 9. Refused

FL07.4 In the last 12 months did you experience any of the following difficulties receiving healthcare due to a disability, limitation, or other health condition? (872-887)

Interviewer Note: Instruct respondent to answer Yes/No to each difficulty

Please read:

- 01. Difficulty obtaining transportation to your doctor's office
- 02. Difficulty getting into the building
- 03. Difficulty getting into the exam room
- 04. Difficulty getting on the examination table
- 05. Difficulty getting a physical exam
- 06. Difficulty communicating or talking with your doctor
- 07. Difficulty finding a doctor that understands your health condition

Do not read:

- 08. None
- 77. Don't Know/ Not sure
- 99. Refused

FL14 Preparedness

FL14.1 Does your household have a written disaster evacuation plan for how you will leave your home, in case of a large-scale disaster or emergency that requires evacuation? (888)

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

FL11 E-Cigarettes

FL11.1 Do you now use electronic cigarettes or e-cigarettes such as Blu or NJOY every day, some days, or not at all? (903)

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

CATI: If Core 9.3=1 then continue, else go to next module

FL11.2 The last time you tried to quit smoking, did you switch to electronic cigarettes or e-cigarettes such as Blu or NJOY?

(904)

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

FL03 Second Hand Smoke

FL03.1 Do you live with someone who currently smokes inside your home?

(937)

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

State Added Questions (Split B Only)

FL05 Oral Health

CATI note: To be asked following Core Q7.1; if Q7.1=2, 3, 4, or 8

FL05.1 What is the **main** reason you have not visited a dentist recently?

(863-864)

- 1 Fear
- 2 Cost
- 3 Dentist does not accept Medicaid/Other Insurance Plan
- 4 Dentist cannot handle my condition/needs
- 5 Clinic is too far away (no transportation)
- 6 I was pregnant
- 7 Language/cultural barriers
- 8 Dental Care is not important to me
- 9 No reason to go (no problems, no teeth)
- 88 Other
- 77 Don't know / Not sure
- 99 Refused

FL13 Family Planning

CATI: If respondent is Core 8.21 (sex)=2 and Core 8.1(age) >=45, Core 8.22 (pregnancy)=1, Core 15.7 (has had a hysterectomy)=1, or Core 8.21 (sex)=1 and Core 8.1 (age) >=60, go to next module.

Some things people do to keep from getting pregnant include not having sex at certain times, withdrawal, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

FL13.1 Are you or your [If female, insert "husband/partner," if male, insert "wife/partner"] doing anything now to keep [If female, insert "you," if male, insert "her"] from getting pregnant?
NOTE: If more than one partner, consider usual partner.

(932)

- 1 Yes
- 2 No
- 3 No partner/not sexually active
- 4 Same sex partner
- 7 Don't know / Not sure
- 9 Refused

CATI: if FL13.1=2 then go to FL13.3; if FL31.1= 3 or 4 then go to next module

FL13.2 What are you or your [If female, insert "husband/partner," if male, insert "wife/partner"] doing now to keep [If female, insert "you," if male, insert "her"] from getting pregnant?

(933-934)

INTERVIEWER NOTE: If respondent reports using MORE THAN ONE method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

INTERVIEWER NOTE: IF MORE THAN ONE PARTNER, CONSIDER USUAL PARTNER.

Read only if necessary:

01. Female sterilization (ex. tubal ligation, Essure, Adiana)
02. Male sterilization (vasectomy)
03. Contraceptive implant (ex. Implanon)
04. Levonorgestrel(LNG) or hormonal IUD(ex. Mirena)
05. Copper-bearing IUD (ex. ParaGard)
06. IUD, type unknown
07. Shots (ex. Depo-Provera)
08. Birth control pills, any kind
09. Contraceptive patch (ex. Ortho Evra)
10. Contraceptive ring (ex. NuvaRing)
11. Male condoms
12. Diaphragm, cervical cap, sponge
13. Female condoms
14. Not having sex at certain times (rhythm or natural family planning)
15. Withdrawal (or pulling out)
16. Foam, jelly, film, or cream
17. Emergency contraception (morning after pill)

Do not read

18. Other method
77. Don't know / Not sure
99. Refused

Some reasons for not doing anything now to keep [If female, “you”, if male, insert “her”] from getting pregnant include wanting a pregnancy, not being able to pay for birth control, or not thinking that [If female, insert “you”, if male, insert “she”] can get pregnant.

CATI: If FL13.2=02, go to next module

FL13.3 What is your main reason for not doing anything now to keep [If female, “you”, if male, insert “her”] from getting pregnant?

(935-936)

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

Read only if necessary:

- 01 You 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/side effects
- 05 You couldn't pay for birth control
- 06 Religious reasons
- 07 Lapse in use of a method
- 08 Don't think you or your partner can get pregnant (infertile or too old)
- 09 You or your partner had tubes tied (sterilization)
- 10 You or your partner had a vasectomy (sterilization)
- 11 You or your partner had a hysterectomy
- 12 You or your partner are too old
- 13 You or your partner are currently breast-feeding
- 14 You or your partner just had a baby/postpartum
- 15 Other reason
- 16 do not care if you get pregnant
- 17 Partner is pregnant now

Do not read:

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

FL12 Preconception Health

CATI: If Core 8.1 (age) > 10 and 8.1 (age) <45 and 8.21 (sex) =2 then continue, else go to next module.

The next question is about discussions that occurred as part of a routine health care visit. **DO NOT** include visits while pregnant, also called prenatal care visits.

FL12.1 Did the doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby? (905)

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

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

(906-931)

CATI: If FL12.1=1 then continue, else go to next module

FL12.2 Did the doctor, nurse, or other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby?

Check all that apply

- 01 Taking vitamins with folic acid before pregnancy
- 02 Being a healthy weight before pregnancy
- 03 Using birth control methods to plan when you want to become pregnant

- 04 Getting your vaccines updated before pregnancy
- 05 Visiting a dentist or dental hygienist before pregnancy
- 06 Getting counseling for any genetic diseases that run in your family
- 07 Controlling any medical conditions such as diabetes and high blood pressure
- 08 Getting counseling or treatment for depression or anxiety
- 09 Safety of using prescription or over-the-counter medicines during pregnancy
- 10 How smoking during pregnancy can affect a baby
- 11 How drinking alcohol during pregnancy can affect a baby
- 12 How using illegal drugs during pregnancy can affect a baby
- 88 Did not discuss any of these topics with me
- 77 DON'T KNOW/NOT SURE
- 99 Refused

FL01 Reactions to Race

- FL01.1** Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (851)
- 1 Worse than other races
 - 2 The same as other races
 - 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

FL04 Intimate Partner Violence

The next questions are about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

- FL04.1** Has an intimate partner **EVER THREATENED** you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way. (861)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

FL04.2 Has an intimate partner **EVER** hit, slapped, pushed, kicked, or physically hurt you in any way?

(862)

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

FL02 Adverse Childhood Outcomes

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---.]

FL02.1 Did you live with anyone who was depressed, mentally ill, or suicidal?

(852)

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

FL02.2 Did you live with anyone who was a problem drinker or alcoholic?

(853)

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

FL02.3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

(854)

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

FL02.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

(855)

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

FL02.5 Were your parents separated or divorced?

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

FL02.6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (856)

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know / Not sure
- 9 Refused

FL02.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say— (857)

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know / Not sure
- 9 Refused

FL02.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? (858)

- 1 Never
- 2 Once
- 3 More than once
- 7 Don't know / Not sure
- 9 Refused

FL02.9 Before age 18, did you ever live with a parent or guardian who died? (859)

- 1 Yes
- 2 No
- 3 Parents not married
- 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?