



**2003**

**Behavioral Risk Factor Surveillance System**

**State Questionnaire**

**FLORIDA**

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention

**National Center for Chronic Disease Prevention and Health Promotion**

**Division of Adult and Community Health**

Section 1:	6
Health Status	6
Section 2:	8
Health Care Access	8
Section 3:	9
Exercise	9
Section 4:	10
Diabetes	10
Module 1:	11
Diabetes	11
Section 5:	15
Hypertension Awareness	15
Section 6:	16
Cholesterol Awareness	16
Section 7:	17
Fruits and Vegetables	17
Section 8:	19
Weight Control	19
Section 9:	21
Asthma	21
Section 10:	22
Immunization	22
Section 11:	23
Tobacco Use	23
Section 12:	24
Alcohol Consumption	24
Section 13:	25
Excess Sun Exposure	25
Section 14:	26
Demographics	26
Section 15:	29
Arthritis	31
Section 16:	33
Falls	33
Section 17:	34
Disability	34
Section 18:	35
Physical Activity	35
Section 19:	37
Veteran's Status	37
Section 20:	38
HIV / AIDS	38
Module 8:	42
Heart Attack & Stroke	42
Module 10:	45
Folic Acid	45
Module 13:	46

Arthritis .....	46
State Added 1: .....	47
Cardiovascular Disease .....	47
State Added 2: .....	49
Antibiotic Resistance .....	49
State Added 3: .....	50
Other Tobacco Products .....	50
State Added 4: .....	51
Tobacco Cessation .....	51
State Added 5: .....	52
Tobacco Parent .....	52
State Added 6: .....	54
Prostate Cancer Screening.....	54
State Added 7: .....	56
Osteoporosis .....	56
State Added: .....	57
Language .....	57
Closing Statement .....	58

## Interviewer's Script

### Interviewer's Script from Field Test

HELLO, I'm calling for the **Florida Department of Health** and the Centers for Disease Control and Prevention. My name is \_\_\_\_\_ **(name)** \_\_\_\_\_. We're gathering information on the health of **Florida** residents. Your phone number has been chosen randomly, and I'd 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? If "no" Thank you very much, but we are only interviewing private residences. **Stop**

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

\_\_\_ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 women below (Ask gender if necessary). Go to page 7

If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of 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 7

To the correct respondent HELLO, I'm (name) calling for the **Florida Department of Health** and the Centers for Disease Control and Prevention. We're gathering information on the health of **Florida** residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

## **Core Sections**

## Section 1:

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### Health Status

[This call may be monitored for quality assurance purposes]

1.1 Would you say that in general your health is:

(73)

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74-75)

\_\_ \_\_ Number of days

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

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(76-77)

\_\_ \_\_ Number of days

- 8 8 None **If Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

**1.4** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78-79)

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

## Section 2:

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### Health Care Access

- 2.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 2.2** 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?")** (81)
- 1 Yes, only one
  - 2 More than one
  - 3 No
  - 7 Don't know / Not sure
  - 9 Refused
- 2.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

## Section 3:

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### Exercise

**3.1** 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?

(83)

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

## Section 4:

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### Diabetes

4.1 Have you ever been told by a doctor that you have diabetes?

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

(84)

## Module 1:

---

### Diabetes

To be asked following core Q4.1 if response is "Yes"

1. How old were you when you were told you have diabetes? (205-206)  
Code age in years [97 = 97 and older]  
9 8 Don't know/ Not sure  
9 9 Refused
  
2. Are you now taking insulin? (207)  
1 Yes  
2 No  
9 Refused
  
3. Are you now taking diabetes pills? (208)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
  
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)  
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
  
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (212-214)  
1 \_\_\_ \_\_\_ Times per day  
2 \_\_\_ \_\_\_ Times per week  
3 \_\_\_ \_\_\_ Times per month  
4 \_\_\_ \_\_\_ Times per year  
8 8 8 Never  
5 5 5 No feet  
7 7 7 Don't know / Not sure  
9 9 9 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (215)

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

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (216-217)

\_\_\_ Number of times [**76 = 76 or more**]

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

8. A test for hemoglobin "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 hemoglobin "A one C"? (218-219)

\_\_\_ Number of times [**76 = 76 or more**]

- 8 8 None
- 9 8 Never heard of hemoglobin "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

**If "no feet" to Q5, go to Q10**

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (220-221)

\_\_\_ Number of times [**76 = 76 or more**]

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

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (222)

**Read only if necessary:**

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

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (223)

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

12. Have you ever taken a course or class in how to manage your diabetes yourself? (224)

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



## Section 5:

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### Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

- (85)
- 1 Yes
  - 2 Yes, but female told only during pregnancy **[Go to next section]**
  - 3 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**

- 5.2 Are you currently taking medicine for your high blood pressure?

- (86)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 6:

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### Cholesterol Awareness

**6.1** Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (87)

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

**6.2** About how long has it been since you last had your blood cholesterol checked? (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
- 7 Don't know / Not sure
- 9 Refused

**6.3** Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

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

## Section 7:

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### Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

- 7.1** How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 7.2** Not counting juice, how often do you eat fruit? (93-95)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 7.3** How often do you eat green salad? (96-98)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- 7.4** How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (99-101)
- 1\_\_ \_\_ Per day
  - 2\_\_ \_\_ Per week
  - 3\_\_ \_\_ Per month
  - 4\_\_ \_\_ Per year
  - 5 5 5 Never
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused

**7.5** How often do you eat carrots?

(102-104)

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

**7.6** Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(105-107)

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

## Section 8:

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### Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes **[Go to Q8.3]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- 8.2** Are you now trying to maintain your current weight that is to keep from gaining weight? (109)
- 1 Yes
  - 2 No **[Go to Q8.5]**
  - 7 Don't know / Not sure **[Go to Q8.5]**
  - 9 Refused **[Go to Q8.5]**

- 8.3** Are you eating either fewer calories or less fat to... (110)
- lose weight? **[if "Yes" to Q8.1]**
- keep from gaining weight? **[If "Yes", to Q8.2]**

**Probe for which:**

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

- 8.4** Are you using physical activity or exercise to .... (111)
- lose weight? **[If "Yes" to Q8.1]**
- keep from gaining weight? **[If "Yes" to Q8.2]**
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**8.5** In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

**Probe for which:**

(112)

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

## Section 9:

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### Asthma

- 9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)
- 1 Yes
  - 2 No **[Go to next section]**
  - 7 Don't know / Not sure **[Go to next section]**
  - 9 Refused **[Go to next section]**
- 9.2** Do you still have asthma? (114)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 10:

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### Immunization

- 10.1** During the past 12 months, have you had a flu shot? (115)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- 10.2** Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (116)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Section 11:

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### Tobacco Use

**11.1** Have you smoked at least 100 cigarettes in your entire life? (117)

**NOTE: 5 packs = 100 cigarettes**

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

**11.2** Do you now smoke cigarettes every day, some days, or not at all? (118)

- 1 Everyday
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

**11.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (119)

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

## Section 12:

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### Alcohol Consumption

- 12.1** A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(120-122)

1\_\_ \_\_ Days per week

2\_\_ \_\_ Days in past 30

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 **[Go to next section]**

- 12.2** On the days when you drank, about how many drinks did you drink on the average?

(123-124)

\_\_ \_\_ Number of drinks

7 7 Don't know / Not sure

9 9 Refused

- 12.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

(125-126)

\_\_ \_\_ Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

## Section 13:

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### Excess Sun Exposure

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

(127)

**13.1** Have you had a sunburn within the past 12 months?

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

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

(128)

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

## Section 14:

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### Demographics

**14.1** What is your age? (129-130)  
\_\_ \_\_ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

**14.2** Are you Hispanic or Latino? (131)

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

**14.3** Which one or more of the following would you say is your race?  
(Check all that apply) (132-137)

**Please read:**

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

**Or**

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

**Do not read:**

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

**If more than one response to Q14.3, continue. Otherwise, go to Q14.5**

**14.4** Which one of these groups would you say best represents your race? (138)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify]\_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

**14.5** Are you? (139)

**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

**14.6** How many children less than 18 years of age live in your household? (140-141)

\_\_\_ \_\_\_ Number of children

- 8 8 None
- 9 9 Refused

**14.7** What is the highest grade or year of school you completed? (142)

**Read only if necessary:**

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

14.8 Are you currently?

(143)

**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

14.9 Is your annual household income from all sources?

(144-145)

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

**Read as appropriate:**

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

**Do not read:**

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

**14.10** About how much do you weigh without shoes? (146-148)

**Round fractions up**

\_\_\_ \_\_\_ \_\_\_ Weight  
*pounds*  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**cdc 14.11** How much would you like to weigh? (149-151)  
orc 14.10a

\_\_\_ \_\_\_ \_\_\_ Weight  
*pounds*  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**cdc 14.12** About how tall are you without shoes? (152-154)  
orc 14.11

**Round fractions down**

\_\_\_ / \_\_\_ \_\_\_ Height  
*ft / inches*  
7 7 7 Don't know / Not sure  
9 9 9 Refused

**cdc 14.13** What county do you live in? (155-157)  
orc 14.12

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

**cdc 14.14** Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (158)  
orc 14.13

1 Yes  
2 No **[Go to Q14.16] ; [ORC→go to Q14.15]**  
7 Don't know / Not sure **[Go to Q14.16] ; [ORC→go to Q14.15]**  
9 Refused **[Go to Q14.16] ; [ORC→go to Q14.15]**

**cdc 14.15** How many of these phone numbers are residential numbers? (159)  
orc 14.14

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

**cdc 14.16** During the past 12 months, has your household been without telephone service for 1 week or more?  
orc 14.15

**Note: Do not include interruptions of phone service due to weather or natural disasters.** (160)

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

9 Refused

**cdc 14.17** Indicate sex of respondent. Ask only if necessary. (161)  
orc 14.16

1 Male **[Go to next section]**

2 Female

**If respondent 45 years old or older, go to next section.**

**cdc 14.18** To your knowledge, are you now pregnant? (162)  
orc 14.17

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 15:

**Arthritis**

---

**15.1** "The next questions refer to your joints. Please do **NOT** include the back or neck. **"DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint?

(163)

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

**15.2** Did your joint symptoms **FIRST** begin more than 3 months ago?

(164)

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

**15.3** Have you **EVER** seen a doctor or other health professional for these joint symptoms?

(165)

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

**15.4** Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**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)**

(166)

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

**IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION**

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)
- 1 Yes
  - 2 No
  - 7 Don't Know / Not Sure
  - 9 Refused

**NOTE: If a respondent question arises about medication, then the interviewer should reply:**

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

**\*IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

- 15.6** "In this next question we are referring to work for pay. "Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (168)

**NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"**

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

## Section 16:

---

### Falls

**To be asked only of people 45 years or older.**

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

**16.1** In the past 3 months, have you had a fall? (169)

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

**16.2** Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)

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

## Section 17:

---

### Disability

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

**17.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)

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

**17.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (172)

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

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

**Section 18:**

---

**Physical Activity**

**If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.**

- 18.1** When you are at work, which of the following best describes what you do?  
Would you say?

(173)

**If respondent has multiple jobs, include all jobs**

**Please read:**

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

**Do not read:**

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

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2** Now, thinking about the moderate activities you do [fill in (when you are not working,) if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

(174)

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

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes at a time?

(175-176)

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

- 18.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

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

**18.5** Now, thinking about the vigorous activities you do [**fill in** (when you are not working) **if “employed” or “self-employed”**] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(180)

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

**18.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(181-182)

\_\_ \_\_ Days per week

- 7 7 Don't know / Not sure [**Go to next section**]
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time [**Go to next section**]
- 9 9 Refused [**Go to next section**]

**18.7** On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

\_\_:\_\_ Hours and minutes per day

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

## Section 19:

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### Veteran's Status

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

**19.1** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (186)

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

**19.2** Which of the following best describes your service in the United States military? (187)

**Please read:**

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit **[Go to next section]**
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

**Do not read:**

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

**19.3** In the last 12 months have you received some or all of your health care from VA facilities? (188)

**If "yes" probe for "all" or "some" of the health care.**

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

## Section 20:

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### HIV / AIDS

**If respondent is 65 years old or older, go to next section.**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

**20.1** A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

**20.2** There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

**20.3** How important do you think it is for people to know their HIV status by getting tested? (191)

**Please read:**

Would you say?

- 1 Very important
  - 2 Somewhat important
- Or**
- 3 Not at all important

**Do not read:**

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

**20.4** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

(192)

**[Include saliva tests]**

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

**20.5** Not including blood donations, in what month and year was your last HIV test?

**[include saliva tests]**

(193-198)

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

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

**20.6** I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

(199-200)

**Please read:**

\_\_ \_\_ Reason code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as a part of a routine medical check-up
- 08 Or you were tested for some other reason

**Do not read:**

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

- 20.7** Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?  
(201-202)

\_\_ \_\_ Facility code

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

- 20.8** I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.  
(203)

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?

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

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

- 20.9** In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?  
(204)

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

## OPTIONAL MODULES

## Module 8:

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### Heart Attack & Stroke

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

1. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure.
  - a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (263)
    - 1 Yes
    - 2 No
    - 7 Don't know / Not sure
    - 9 Refused
  - b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (264)
    - 1 Yes
    - 2 No
    - 7 Don't know/Not sure
    - 9 Refused
  - c. **(Do you think)** chest pain or discomfort **(are symptoms of a heart attack?)** (265)
    - 1 Yes
    - 2 No
    - 7 Don't know / Not sure
    - 9 Refused
  - d. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a heart attack?)** (266)
    - 1 Yes
    - 2 No
    - 7 Don't know / Not sure
    - 9 Refused
  - e. **(Do you think)** pain or discomfort in the arms or shoulder **(are symptoms of a heart attack?)** (267)
    - 1 Yes
    - 2 No
    - 7 Don't know / Not sure
    - 9 Refused
  - f. **(Do you think)** shortness of breath **(is a symptom of a heart attack?)** (268)
    - 1 Yes
    - 2 No
    - 7 Don't know / Not sure
    - 9 Refused

2. Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.
- a. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (269)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (270)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- c. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a stroke?)** (271)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- d. **(Do you think)** sudden chest pain or discomfort **(are symptoms of a stroke?)** (272)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- e. **(Do you think)** sudden trouble walking, dizziness, or loss of balance **(are symptoms of a stroke?)** (273)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- f. **(Do you think)** severe headache with no known cause **(is a symptom of a stroke?)** (274)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

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

(275)

**Please read:**

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

**Or**

- 5 Do something else

**Do not read:**

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

## Module 10:

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### Folic Acid

1. Do you currently take any vitamin pills or supplements? (295)
- Include liquid supplements**
- 1 Yes
  - 2 No **[Go to Q5]**
  - 7 Don't know / Not sure **[Go to Q5]**
  - 9 Refused **[Go to Q5]**
2. Are any of these a multivitamin? (296)
- 1 Yes **[Go to Q4]**
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
3. Do any of the vitamin pills or supplements you take contain folic acid? (297)
- 1 Yes
  - 2 No **[Go to Q5]**
  - 7 Don't know / Not sure **[Go to Q5]**
  - 9 Refused **[Go to Q5]**
4. How often do you take this vitamin pill or supplement? (298-300)
- 1 \_\_\_ \_\_\_ Times per day
  - 2 \_\_\_ \_\_\_ Times per week
  - 3 \_\_\_ \_\_\_ Times per month
  - 7 7 7 Don't know / Not sure
  - 9 9 9 Refused
- If respondent 45 years old or older, go to next module.**
5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (301)
- Please read:**
- 1 To make strong bones
  - 2 To prevent birth defects
  - 3 To prevent high blood pressure
- Or**
- 4 Some other reason
- Do not read:**
- 7 Don't know / Not sure
  - 9 Refused

## Module 13:

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### Arthritis

**NOTE: Only asked to respondents with chronic joint symptoms or doctor diagnosed arthritis**

**(Core Q15.2=1 OR Core Q15.4=1)**

**Interviewer please read:**

1. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you **TODAY**? (322)

**Please read :**

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

**Do not read:**

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

2. Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms? (323)

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

3. Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms? (324)

**NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.**

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

4. Have you **EVER** taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? (325)

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

## State Added 1:

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### Cardiovascular Disease

**FL1\_1a.** To lower your risk of developing heart disease or stroke, are you... (345)  
Eating fewer high fat or high cholesterol foods?

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

**FL1\_1b.** To lower your risk of developing heart disease or stroke, are you... (346)  
Eating more fruits and vegetables?

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

**FL1\_1c.** To lower your risk of developing heart disease or stroke, are you... (347)  
More physically activity?

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

**FL1\_2a.** Within the past 12 months, has a doctor, nurse, or other health professional told you to... (348)  
Eat fewer high fat or high cholesterol foods?

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

**FL1\_2b.** Within the past 12 months, has a doctor, nurse, or other health professional told you to... (349)  
Eat more fruits and vegetables?

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

**FL1\_2c.** Within the past 12 months, has a doctor, nurse, or other health professional told you to... (350)  
Be more physically active?

- 1 Yes
- 2 No

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

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

**FL1\_3a.** A heart attack, also called a myocardial infraction (351)

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

**FL1\_3b.** Angina or coronary heart disease (352)

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

**FL1\_3c.** A stroke (353)

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

**If "Yes" to State Added question FL1\_3a. Otherwise go to QFL1\_5**

**FL1\_4.** At what age did you have your first heart attack? (354-355)

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

**If "Yes" to State Added question FL1\_3c. Otherwise go to QFL1\_6**

**FL1\_5.** At what age did you have your first stroke? (356-357)

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

**FL1\_6.** Do you take aspirin daily or every other day? (358)

- 1 Yes
- 2 No
- 3 I can't take aspirin
- 7 Don't know / Not sure
- 9 Refused

## State Added 2:

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### Antibiotic Resistance

**FL2\_1.** During the past 12 months, did you see a doctor or health care provider for treatment of respiratory illness, which includes cold, flu, sinus infection, ear infection, bronchitis and sore throat? (359)

- 1 Yes
- 2 No **Go to State Added FL3\_1**
- 7 Don't know / Not sure **Go to State Added FL3\_1**
- 9 Refused **Go to State Added FL3\_1**

**FL2\_2.** Thinking about your last visit to the doctor or health care provider for treatment of respiratory illness, did you ask a doctor, nurse or other health professional to prescribe an antibiotic for your symptoms? (360)

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

**FL2\_3.** Was an antibiotic prescribed at this visit? (361)

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

**FL2\_4.** During this visit, did the doctor, nurse or other health professional talk to you about resistant bacteria, also called "superbugs"? (362)

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

## State Added 3:

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### Other Tobacco Products

**FL3\_1.** Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (363)

- 1 Yes
- 2 No **Go to QFL3\_3**
- 7 Don't know / Not sure **Go to QFL3\_3**
- 9 Refused **Go to QFL3\_3**

**FL3\_2.** Do you currently use chewing tobacco or snuff every day, some days, or not at all? (364)

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

**FL3\_3.** Have you ever smoked a cigar, even one or two puffs? (365)

- 1 Yes
- 2 No **Go to State Added FL4\_1**
- 7 Don't know/Not sure **Go to State Added FL4\_1**
- 9 Refused **Go to State Added FL4\_1**

**FL3\_4.** Do you now smoke cigars every day, some days, or not at all? (366)

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

## State Added 4:

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### Tobacco Cessation

If “Yes” to Q11.1. Otherwise go to State Added FL5\_1

FL4\_1. Have you ever used any type of assistance to quit smoking? (367)

- 1 Yes
- 2 No **go to State Added FL5\_1**
- 7 Don't know/Not sure **go to State Added FL5\_1**
- 9 Refused **go to State Added FL5\_1**

FL4\_2. What type of cessation assistance have you used in the past 12 months? (368)

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

Programming use only: FL4\_2b= 'specify' data,  
column numbers (369-397)

## State Added 5:

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### Tobacco Parent

**If Answer to Q14. 6 is greater than or equal to 1 and less than 88. Otherwise go to State Added FL6\_1**

**FL5\_1.** On average, about how many hours each day is the youngest child in a room where someone has been smoking? (398-400)

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

**FL5\_2.** How old is the child who is closest to age 12? (401-402)

- Age of Child
- 7 7 Don't Know/Not Sure
- 9 9 Refused

**FL5\_3.** What is your relationship to that child? (403-404)

- 01 Parent
- 02 Step parent
- 03 Guardian
- 04 Grandparent
- 05 Sibling **Go to State Added FL6\_1**
- 06 Boyfriend/girlfriend of parent
- 07 Other **Go to State Added FL6\_1**
- 77 Don't/Know/Not Sure **Go to State Added FL6\_1**
- 99 Refused **Go to State Added FL6\_1**

**FL5\_4.** Thinking about the rules you have in your household, which of the following statements best describe the "ground rules" in your family regarding tobacco use? (405)

**Please Read**

- 1 Tobacco use is not tolerated in our family
- 2 Tobacco use is okay for me or for other adults, but not for the child
- 3 The child can use tobacco in the house
- 4 The child can use tobacco outside the house only
- 5 We have no "ground rules" about tobacco **Go to FL5\_6**

**(Do Not Read these responses)**

- 7 Don't Know/Not Sure
- 9 Refused

**FL5\_5.** Which of the following best describes the way you have told the child (closest to age 12) about the "ground rules" regarding tobacco use? (406)

**(Please Read)**

- 1 The child and I have talked about the rules
- 2 The child knows how I feel about tobacco use, but I don't remember a specific conversation
- 3 The child is too young, we will discuss it when they are older

**(Do Not Read these responses)**

- 7 Don't Know/Not Sure
- 9 Refused

**FL5\_6.** Have you discussed the health consequences of smoking with the child (closest to age 12)? (407)

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

**FL5\_7.** Have you discussed ways to resist smoking with the child (closest to age 12)? (408)

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

## State Added 6:

### Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to state Added 7 [if 14.1 <= 39 or 14.17=2, go to next section]

**ORC** → If respondent is 39 years old or younger, or is female, go to state Added 7 [if 14.1 <= 39 or 14.16=2, go to next section]

**FL6\_1.** Has a doctor or other health professional ever talked to you about having any kind of screening test or exam to check for prostate cancer? (409)

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

**FL6\_2.** 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? (410)

- 1 Yes
- 2 No **[Go to Q4]**
- 7 Don't know / Not Sure **[Go to Q4]**
- 9 Refused **[Go to Q4]**

**FL6\_3.** How long has it been since you had your last PSA test? (411)

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

**FL6\_4.** 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? (412)

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

**FL6\_5.** How long has it been since your last digital rectal exam? (413)

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

## State Added 7:

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### Osteoporosis

**If Answer to Q14.17 is "female". Otherwise go to closing statement**

**ORC→If Answer to Q14.16 is "female". Otherwise go to closing statement**

**FL7\_1.** Has a doctor, nurse, or other health professional given you advice about the prevention or treatment of osteoporosis, also called brittle bone disease? (414)

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

**FL7\_2.** On an average day or week, how many servings do you eat or drink of milk, cheese, yogurt, or calcium-fortified orange juice? One serving equals 8 ounces of milk or yogurt, or 2 slices of cheese. (415-417)

- 1\_ \_ Servings per Day
- 2\_ \_ Servings per Week
- 888 None
- 777 Don't know/Not Sure
- 999 Refused

**FL7\_3.** During the past 30 days, on how many days did you take a calcium supplement? (418-419)

- \_ \_ Number of Days
- 88 None
- 66 Never take calcium supplement
- 77 Don't know/Not sure
- 99 Refused

**State Added:**

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**Language**

- Lang1.** In what language was this interview completed? (596-597)
- 1 English
  - 2 Spanish

## **Closing Statement**

That's 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.