



2004

Behavioral Risk Factor Surveillance System

State Questionnaire

Florida

2004

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

**2004 DRAFT QUESTIONNAIRE
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM**

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[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

1.1. Would you say that in general your health is:

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?

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 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?

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

{If Q2.1 and Q2.2 are none, go to next section}

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

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

Section 3: Health Care Access

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

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

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

[If "NO", ask "Is there more than one or is there no person who you think of?"]

- 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 the cost?

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

Section 4: Exercise

4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

5.1. Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building?

[Note: If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

- 1 Yes

- 2 No
- 7 Don't know
- 9 Refused

5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

[Note: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptoms within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

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

Section 6: 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.

6.1 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]**

6.2 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?

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

Section 7: Tobacco Use

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

[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]**

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

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

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

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

Section 8: Alcohol Consumption

8.1. 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?

- 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]**

8.2. On the days when you drank, about how many drinks did you drink on the average?

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

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

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

8.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- __ __ Number of times

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

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- 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?

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

Section 10: Diabetes

10.1. 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?"]
[If Respondent says pre-diabetes or borderline diabetes, use response code 4.]

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

Module 1: Diabetes

{To be asked following core Q10.1 if response is "Yes"}

Mod1_1. How old were you when you were told you have diabetes?

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

Mod1_2. Are you now taking insulin?

- 1 Yes
- 2 No

9 Refused

Mod1_3. Are you now taking diabetes pills?

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

Mod1_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.

- 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

Mod1_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.

- 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

Mod1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

Mod1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

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

Mod1_8. A test, for "A one C," measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

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

{If "no feet" to Q5, go to Q10}

Mod1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

Mod1_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.

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

Mod1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

Mod1_12. Have you ever taken a course or class in how to manage your diabetes yourself?

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

Section 11: Oral Health

11.1. 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]
[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

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

11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

[Include teeth lost due to "infection"]

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

{If Q11.1 = 8/Never OR q11.2 = 3/All, SKIP TO NEXT SECTION}

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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
- 8 Never
- 9 Refused

Section 12: Immunization – (FLU – Adult – November – February)

12.1. During the past 12 months, have you had a flu shot?

[Read if necessary: We want to know if you had a flu shot injected in your arm]

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

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

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

Q12.1 During the past 12 months, have you had a flu shot?

Read if necessary: We want to know if you had a flu shot injected in your arm.

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

Q12.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

- 1 Yes – go to Q12.4
- 2 No – If Q12.1 is "Yes" go to Q12.4, otherwise go to Q12.6
- 7 Don't know/Not sure No – If Q12.1 is "Yes" go to Q12.4; if Q12.1 is "No" go to Q12.6, otherwise go to Q12.7
- 9 Refused No – If Q12.1 is "Yes" go to Q12.4; if Q12.1 is "No" go to Q12.6, otherwise go to Q12.7

Q12.4 During what month and year did you receive your most recent flu vaccination?

If "Yes" to both Q12.1 and Q12.2, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

__ / ____ Month / Year

77/7777 Don't know/Not Sure (Probe: "Was it before or after September 2004?" Code approximate month and year)

99/9999 Refused

If Q12.4 is DK or RF go to Q12.5

Q12.5. Where did you go to get your most recent [FILL: flu shot/vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in the nose)]? **CATI fill in appropriate response from Q12.1 and q12.2.**

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]

- 06 A hospital [*Example*: in-patient]
- 07 An emergency room
- 08 Workplace
- or
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico
- 77 Don't know/Not sure (Probe: How would you describe the place where you went to get your most recent flu vaccine?)
- 99 Refused

If Q12.4 is before 9/2004 go to Q12.6, if Q12.4 is DK or RF, go to Q12.6, otherwise go to Q12.7

Q12.6. What is the **MAIN** reason you have **NOT** received a flu vaccination for this current flu season? [**Interviewer note: The current flu season = Sept. '04 – Mar. '05**]

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

- 01 Need: Do not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that I should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine
- 14 Some other reason

- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

Q12.7 **If Q12.4 is 04/2004 to present continue (ask Q12.7), otherwise go to Q12.3.**

Did you get a flu vaccination during the 'last flu season' in other words during the months of September 2003 through March 2004?

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

Q12.3 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

Q12.8 Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below:

Asthma

Lung problems, other than asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-or-

Sickle cell anemia or other anemia

- 1 Yes – Go to Q12.9
- 2 No – Go to Q12.10
- 7 Don't know/Not sure (Probe by repeating question) – Go to Q12.10
- 9 Refused – Go to Q12.10

Q12.9 Do you still have (this/any of these) problem(s)?

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

Q12.10. Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home?

If necessary say: This includes part-time and volunteer work.

- 1 Yes – Go to Q12.11
- 2 No – Go to Q13.1
- 7 Don't know/Not sure (Do not probe) – Go to Q13.1
- 9 Refused – Go to Q13.1

Q12.11. Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

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

Section 13: Demographics

13.1 What is your age?

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

13.2 Are you Hispanic or Latino?

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

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

[Check all that apply]

Please read

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

Or

- 6 Other **[specify]** _____

Do not read

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

{If more than one response to Q13.3, continue. Otherwise, go to Q13.5}

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

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

13.5 Are you?

Please read

- 1 Married
- 2 Divorced
- 3 Widowed

- 4 Separated
- 5 Never married
- Or**
- 6 A member of an unmarried couple
- Do not read**
- 9 Refused

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

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

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

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

13.8 Are you currently?

Please read

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

Or

- 8 Unable to work

Do not read

- 9 Refused

13.9 Is your annual household income from all sources?

[Note: 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

13.10 About how much do you weigh without shoes?

[Note: If respondent answers in metrics, put "1" in column 126.]

[Round fractions up]

___ ___ ___ Weight
pounds/kilograms
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.11 About how tall are you without shoes?

[Note: If respondent answers in metrics, put "1" in column 130.]

[Round fractions down]

___ ___ / ___ ___ Height
ft / inches/meters/centimeters
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.12 What county do you live in?

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

13.13 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.

1 Yes
2 No **[Go to Q13.15]**
7 Don't know / Not sure **[Go to Q13.15]**

9 Refused **[Go to Q13.15]**

13.14 How many of these phone numbers are residential numbers?

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

13.15 During the past 12 months, has your household been without telephone service for 1 week or more?

[Note: Do not include interruptions of phone service because of weather or natural disasters.]

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

13.16 Indicate sex of respondent. Ask only if necessary.

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

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

13.17 To your knowledge, are you now pregnant?

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

FLU – Child – November – February

If Core Q13.6 = 88, or 99 (no children under age 18 in the household, or refused), ⇒ Go to Q14.1

If Core Q13.6 = 1; INTERVIEWER: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." ⇒ **Go to Q13.18.**

If Core Q13.6 is >1 and Core Q13.6 does not equal to 88 or 99; INTERVIEWER: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the [second/third/fourth, etc.] child."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN.

INTERVIEWER: "I have some additional questions about one specific child. The child I will be referring to is the **[Fill: random number from CATI]** child. All the questions about children will be about that child."

Note: **If there are two children with the same birth date, randomly select one.**

Q13.18 Is the child a boy or a girl?

1. Boy
2. Girl
9. Refused

Q13.19 In what month and year was **[FILL: he/she]** born?

--/----- Month / Year

- 7 7/ 7 7 7 7 Don't know/Not sure (Probe by repeating the question)
9 9/ 9 9 9 9 Refused

Q13.20 Has a doctor, nurse, or other health professional ever said that **[Fill: he/she]** has any of the following health problems?

Read each problem listed below:

Asthma
Lung problems, other than asthma
Heart problems
Diabetes
Kidney problems
Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids
Must take aspirin every day
-or-
Sickle cell anemia or other anemia

- 1 Yes – Go to Q13.21
- 2 No – Go to Q13.22
- 7 Don't know/Not sure (Probe by repeating the question) – Go to Q13.22
- 9 Refused – Go to Q13.22

Q13.21 Does **[Fill: he/she]** still have (this/any of these) problem(s)?

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

Q13.22 **If child is less than 6 months old, go to Q14.1, otherwise ask:** During the past 12 months, has **[Fill: he/she]** had a flu shot? A flu shot is a flu vaccine injected in a child's arm or thigh.

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

Q13.23. During the past 12 months, has [Fill: he/she] had a flu vaccine sprayed in the nose?
The flu vaccine that is sprayed in the nose is FluMist™ .

- 1 Yes – Go to Q13.24
- 2 No – If Q13.22 is "Yes" go to Q13.24, otherwise go to Q13.25
- 7 Don't know/Not sure (Do not probe) – If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26
- 9 Refused – If Q13.22 is "Yes" go to Q13.24, if Q13.22 is "No" go to Q13.25, otherwise go to Q13.26

Q13.24 During what month and year did [Fill: he/she] receive the most recent flu vaccination?

If "Yes" to both Q13.22 and Q13.23, also say: "The most recent flu vaccination may have been either the flu shot or the flu spray."

__ / __ __ __ Month / Year – **If Q13.24 is before 09/2004 go to Q13.25, otherwise go to Q13.26**

- 77/7777 Don't know/Not Sure (Probe: "Was it before or after September 2004?" Code approximately month and year)
- 99/9999 Refused

If Q13.24 is DK or RF, go to Q13.25

Q13.25. What is the **MAIN** reason [Fill: he/she] has not received a flu vaccination for this current flu season? [Interviewer note: The current flu season = Sept. '04 – Mar. '05]

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

- 01 Need: Child does not need it
- 02 Need: Doctor did not recommend it
- 03 Need: Did not know that child should be vaccinated
- 04 Need: Flu is not that serious
- 05 Need: Child had the flu already this flu season
- 06 Concern about vaccine: side effects/can cause flu
- 07 Concern about vaccine: does not work
- 08 Access: Plan to get child vaccinated later this flu season
- 09 Access: Flu vaccination costs too much
- 10 Access: Inconvenient to get vaccinated
- 11 Vaccine shortage: saving vaccine for people who need it more
- 12 Vaccine shortage: tried to find vaccine, but could not get it
- 13 Vaccine shortage: not eligible to receive vaccine

- 14 Some other reason
- 77 Don't know/Not sure (Probe: "What was the main reason?")
- 99 Refused

Q13.26. **If Q13.19 date is 06/2003 to present, go to Q14.1; if Q13.24 is 04/2004 to present or if Q13.24 is DK or RF, continue (ask Q13.26), otherwise go to Q14.1:** Did [Fill: he/she] get the flu vaccine during the 'last flu season' in other words during the months of September 2003 through March 2004?

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

Section 14: Veteran's Status

14.1 The next question relates to military service. 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?

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

14.2 Which of the following best describes your service in the United States Military?

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]**

14.3 In the last 12 months have you received some or all of your health care from VA facilities?

[NOTE: 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 15: Women's Health

{If respondent is male go to next section}

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

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

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

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
- 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 breast for lumps. Have you ever had a clinical breast exam?

- 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?

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
- 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?

- 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?

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

{If response to Q13.17 is 1 (is pregnant), go to next section}

15.7 Have you had a hysterectomy?

[Note: 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

{If respondent is 39 years old or younger, or is female, go to Q17.1}

16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No **[Go to Q16.3]**
- 7 Don't know / Not sure **[Go to Q16.3]**
- 9 Refused **[Go to Q16.3]**

16.2. How long has it been since you had your last PSA test?

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

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

- 1 Yes

- 2 No **[Go to Q16.5]**
- 7 Don't know / Not sure **[Go to Q16.5]**
- 9 Refused **[Go to Q16.5]**

16.4. How long has it been since your last digital rectal exam?

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

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

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

Section 17: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q18.1}

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?

- 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?

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

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?

- 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 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}

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

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

- 1 Yes
- 2 No **[Go to Q18.3]**
- 3 No partner/not sexually active **[Go to next section]**
- 4 Same sex partner **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.2 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?

Read only if necessary

- 01 Tubes tied **[Go to next section]**
- 02 Hysterectomy (female sterilization) **[Go to next section]**
- 03 Vasectomy (male sterilization) **[Go to next section]**
- 04 Pill, all kinds (Seasonale, etc.) **[Go to Q18.4]**
- 05 Condoms (male or female) **[Go to Q18.4]**
- 06 contraceptive implants (Jadelle or Implants) **[Go to Q18.4]**
- 07 Shots (Depo-Provera) **[Go to Q18.4]**
- 08 Shots (Lunelle) **[Go to Q18.4]**
- 09 Contraceptive Patch **[Go to Q18.4]**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **[Go to Q18.4]**
- 11 IUD (including Mirena) **[Go to Q18.4]**

- 12 Emergency contraception (EC) **[Go to Q18.4]**
- 13 Withdrawal **[Go to Q18.4]**
- 14 Not having sex at certain times (rhythm) **[Go to Q18.4]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to Q18.4]**
- 77 Don't know / Not sure **[Go to Q18.4]**
- 99 Refused **[Go to Q18.4]**

18.3 What is your main reason for not doing anything to keep **[if female, insert "you," if male, insert "your wife/partner"]** from getting pregnant?

Read only if necessary

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

section]

- 10 You or your partner had a hysterectomy **[Go to next section]**
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 Partner is pregnant now **[Go to next section]**

Do not read

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

18.4 How do you feel about having a child now or sometime in the future? Would you say:

Please read

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

Do not read

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

18.5 How soon would you want to have a child? Would you say:

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 More than 5 years from now

Do not read

- 7 Don't know / Not sure

Section 19: Disability

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

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

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

19.2 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?

[Note: Include occasional use or use in certain circumstances]

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

Section 20: HIV/AIDS

{If respondent is 65 year 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. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. 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.

- 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.

- 1 True
- 2 False

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

20.3 As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

[Note: Include Saliva tests]

- 1 Yes
- 2 No **[Go to Q20.10]**
- 7 Don't know/ Not sure **[Go to Q20.10]**
- 9 Refused **[Go to Q20.10]**

20.4 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

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

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

[Note: Include Saliva tests]

[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?

___ ___ Reason Code

Please Read

- 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 part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read

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

20.7 Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

___ ___ Facility code

Please read

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

Do not read

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

{If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10}

20.8 What type of clinic did you go to for your last HIV test?

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

{If Q20.7=07, continue, else go to Q20.10}

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

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.

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

20.10 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.

20.11 In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?

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

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1 Are any firearms kept in or around your home?

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

21.2 Are any of these firearms now loaded?

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

21.3 Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

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

Transition to Modules and/or State-added Questions

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

Module 6: Indoor Air Quality

The next five questions are about the air quality in your home.

[Note: Home refers to the respondent's primary residence.]

Mod6_1. Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?

[Read if necessary: Not a total electric furnace or boiler.]

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

Mod6_2. Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer?

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

Mod6_3. During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home?

[Note: If Don't know/Not sure – ask for approximate number of days]

- __ __ Number of days **[Range = 1 – 365]**
- 555 Do not have
- 888 None
- 777 Don't know / Not sure
- 999 Refused

Mod6_4 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is

not a smoke detector. Do you have a CO detector in your home?

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

Mod6_5. Do you currently have mold in your home on an area greater than the size of a dollar bill?

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

Module 7: Home Environment

The next four questions are about water used in your home and home pest control practices.

Mod7_1. What is the main source of your home water supply?

[Read if necessary: This refers to the water supply to taps or outlets inside the home.]

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know / Not sure
- 9 Refused

Mod7_2. Which of the following best describes the water that you usually drink at home most often?

Please read

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

Do not read

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

Mod7_3. During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests?

[Read if necessary: Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments.]

[Note: If Don't know/Not sure – ask for approximate number of days]

- ___ Number of days **[Range = 1-365]**
- 888 None
- 777 Don't know / Not sure
- 999 Refused

Mod7_4. During the past 12 months, on how many days were pesticides or chemicals applied in your yard to kill plant, animal, or insect pests, including applications by lawn care services?

[Read if necessary: Do not include lime or fertilizer if no weed or bug killer used.]

[Interviewer: If Don't know/Not sure – ask for approximate number of days]

- ___ Number of days **[Range = 1-365]**
- 555 Do not have a yard or garden
- 888 None

777 Don't know/Not sure
999 Refused

Module 10: Childhood Asthma

{If response to core Q13.6 is '88' (none) or '99' (refused) go to next module.}

Mod10_1. Earlier you said there were **[fill in number from core Q13.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

___ ___ Number of children
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]**

Mod10_2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma?

[If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", code '88'.]

___ ___ Number of children
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Module 13: Folic Acid

Mod13_1. Do you currently take any vitamin pills or supplements?
Include liquid supplements

1 Yes
2 No **[Go to Q5]**
7 Don't know / Not sure **[Go to Q5]**
9 Refused **[Go to Q5]**

Mod13_2. Are any of these a multivitamin?

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

Mod13_3. Do any of the vitamin pills or supplements you take contain folic acid?

1 Yes
2 No **[Go to Q5]**

- 7 Don't know / Not sure **[Go to Q5]**
- 9 Refused **[Go to Q5]**

Mod13_4. How often do you take this vitamin pill or supplement?

- 1 ___ Times per day **[101-119 = TIMES PER DAY]**
- 2 ___ Times per week **[201-299 = TIMES PER WEEK]**
- 3 ___ Times per month **[301-399 = TIMES PER MONTH]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

{If respondent is 45 years or older, go to next section.}

Mod13_5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

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

State Added 1: Cardiovascular Disease

To lower your risk of developing heart disease or stroke, are you...

FL1_1a. Eating fewer high fat or high cholesterol foods?

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

FL1_1b. Eating more fruits and vegetables?

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

FL1_1c. More physically active?

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

Within the past 12 months, has a doctor, nurse, or other health professional told you to...

FL1_2a. Eat fewer high fat or high cholesterol foods?

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

FL1_2b. Eat more fruits and vegetables?

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

FL1_2c. 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 infarction

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

FL1_3b. Angina or coronary heart disease

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

FL1_3c. A stroke

- 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?

- __ 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?

- __ 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?

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

FL1_7. Do you take aspirin to reduce the chance of having a heart attack?

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

State Added 2: 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 or sore throat?

- 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?

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

FL2_3. Was an antibiotic prescribed at this visit?

- 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"?

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

State Added 3: Dental Care Access

FL3_1. Which of the following statements best describes your approach to dental care?

Please Read

- 1 I never go to a dentist
- 2 I go to a dentist only when I have a problem or when I know that I need to get something fixed
- 3 I go to a dentist for a check-up once every few years
- 4 I go to a dentist at least once a year for a check-up

Do Not Read

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

FL3_2. How long would it take you to get to the nearest dentist?

Read only if necessary

- 01 Under 10 minutes
- 02 10—20 minutes
- 03 21—30 minutes
- 04 31—40 minutes
- 05 41—50 minutes
- 06 51 minutes – 1 hour
- 07 Over 1 hour

Do not read

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

FL3_3. Do you have a particular dentist who you see for your dental care?

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

FL3_4. During the past 12 months, was there any time when you needed dental care, including check-ups, but didn't get it because you couldn't afford it?

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

FL3_5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

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

State Added 4: Medical Quality Assurance

The Florida Department of Health maintains a website with information on the licensure and professional record of all health care practitioners in the State.

FL4_1. Have you ever visited or consulted that website?

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

FL4_2. Would you visit or consult that website if you needed information on the licensure and professional record of all health care practitioners in Florida?

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

State Added 5: Tobacco Cessation

{If S7Q2=1,2, continue, else go to next section.}

FL5_1. Would you call a toll-free hotline that could help you quit smoking?

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

FL5_2 Would you use counseling or medical advice to help you quit smoking if it were available in your own community?

- 1 Yes

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

State Added 6: Obesity

FL6_1. On an average day, how many hours do you watch TV?

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

State Added 7: Osteoporosis

{If Answer to Q13.16 is "female", continue. 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?

- 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.

- 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?

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

State-added 8: Hurricane Preparedness

Intro: The next questions are about the recent hurricanes in Florida and how they might have affected you. Your answers will help Florida to develop appropriate programs and services should the state experience such natural disasters in the future.

FL8_1. Did you have plans for evacuating your home during ANY of the hurricanes?

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

FL8_2. For how many of the four primary hurricanes did you evacuate your home to seek greater safety somewhere else?

- 1=One of the hurricanes
- 2=Two of the hurricanes
- 3=Three of the hurricanes
- 4=All four hurricanes
- 8=None of the hurricanes
- 7=Don't know/Not sure
- 9=Refused

FL8_3. What was your PRIMARY source of information for hurricane-related public health advisories such as notices about boiling water, mosquito control, or carbon monoxide poisoning?

- 01=Newspaper
- 02=Radio
- 03=Television
- 04=Friends or family
- 05=Public service workers
- 06=Law enforcement
- 07=Utility workers
- 08=Internet
- 66=Other
- 88=None / Didn't hear any advisories
- 77=Don't know/Not sure
- 99=Refused

FL8_4. I'm going to read a list of environmental issues. In your opinion, which one is the MOST important for the Department of Health to plan for during hurricane seasons? Is it ...

Please Read

- 01=sewage disposal
- 02=food protection guidelines
- 03=drinking water quality
- 04=mosquito control
- 05=mold control
- 06=carbon monoxide poisoning prevention
- 07=solid waste problems

Do not read

- 66=Other
- 88=None
- 77=Don't know/Not sure
- 99=Refused

State-added 9: Generator Use

FL9_1. Did you use a generator for power after ANY of the hurricanes?

- 1=Yes
- 2=No **[go to FL10_1]**
- 7=Don't know/Not sure **[go to FL10_1]**
- 9=Refused **[go to FL10_1]**

FL9_2a. Where did you run the generator?

- 1=Inside the home or garage, **(Go to FL9_2b)**
- 2=Outside the home or garage **(go to FL10_1)**
- 3=Other **(go to FL10_1)**
- 7=Don't know/Not sure **(go to FL10_1)**
- 9=Refused **(go to FL10_1)**

FL9_2b. When you ran the generator inside your home or garage, were your doors and windows...

Please Read

- 1=open all of the time
- 2=open some of the time
- 3=not open at all

Do not read

- 7=don't know/not sure
- 9=Refused

State-added 10: Damage Assessment

{Ask of ALL}

FL10_1. How much damage was done to the place where you live?

Please Read

1=None

2=Minor damage (livable, less than \$500 damage)

3=Moderate damage (livable, no more than \$1,000 damage)

4=Severe damage (more than \$1,000 damage; difficult to live there during repairs)

5=Catastrophic damage (residence not livable; requires extensive repairs).

Do not read

7=Don't know/Not sure

9=Refused

State-added 11: Physical Injuries/Medical Care

FL11_1. Did you experience a physical injury as a result of the hurricanes for example: being hit by debris, having heat exhaustion, getting injured during clean-up, having a traffic accident because the power was out, or some other reason?

1=Yes

2=No **[SKIP TO QUESTION FL11_3]**

7=Don't know/Not sure **[SKIP TO QUESTION FL11_3]**

9=Refused **[SKIP TO QUESTION FL11_3]**

FL11_2. What was the PRIMARY place where you obtained medical attention?

[INTERVIEWER: PLEASE READ RESPONSE ITEMS.]

01=Doctor's office

02=Hospital emergency room

03=County health department

04=Community clinic

05=Disaster medical assistance team

06=Some place else

88=Did not need medical attention

Do not read

77=Don't know/Not sure

99=Refused

FL11_3. Do you have a health condition that was made worse as a result of the hurricanes
[Interviewer note: such as asthma, diabetes, cardiovascular disease, etc.]?

1=Yes

2=No **[SKIP TO QUESTION FL11_7]**

7=Don't know/Not sure **[SKIP TO QUESTION FL11_7]**

9=Refused **[SKIP TO QUESTION FL11_7]**

FL11_4. What was the PRIMARY place where you obtained medical attention?

[INTERVIEWER: PLEASE READ RESPONSE ITEMS.]

01=Doctor's office

02=Hospital emergency room

03=County health department

04=Community clinic

05=Disaster medical assistance team

06=Some place else

88=Did not need medical attention

Do not read

77=Don't know/Not sure

99=Refused

FL11_5a. During any of the recent hurricanes, were you prevented or delayed from getting medication that you needed?

1=Yes

2=No

3=I don't take medication

7=Don't know/Not sure

9=Refused

FL11_5. What was the PRIMARY reason you could not get the medication you needed?

[Interviewer Note: Read if necessary]

01=Lack of refrigeration

02=Lack of transportation

03=Pharmacies were closed

04=Lack of supplies (i.e., syringes, alcohol)

05=Couldn't get in touch with physician

Do not read

66=Other

77=Don't know / Not sure

99=Refused

FL11_6a. Did the hurricanes affect your access to essential medical equipment?
[Interviewer Note: Read if necessary—for example, dialysis, nebulizer, oxygen]

1=yes

2=no (go to logic before FL11_7)

3=I don't need/use any essential medical equipment (go to logic before FL11_7)

7=don't know/not sure (go to logic before FL11_7)

9=refused (go to logic before FL11_7)

FL11_6b. What was the PRIMARY way in which the hurricanes affected your access to essential medical equipment? [Interviewer Note: Read if necessary—for example, dialysis, nebulizer, oxygen]

Please Read

1=Lack of transportation

2=Equipment not available

3=Lack of electricity

4=Hurricane damage to home

Do not read

5=Other

7=Don't know / Not sure

9=Refused

{Ask if yes to diabetes (S10q1=1) or asthma (S9q2=1); otherwise skip to next section}

FL11_7a. Did the hurricanes affect your ability to perform self-management of a chronic illness?
[Interviewer Note: Read if Necessary: for example, checking your blood pressure, monitoring blood glucose levels, etc]

1=Yes

2=No [Go to next section]

3=Have no chronic illness [Go to next section]

7=Don't know/not sure [Go to next section]

9=refused [Go to next section]

FL11_7b. What was the PRIMARY way in which the hurricanes affected your ability to perform self-management of a chronic illness? (e.g., check blood pressure, monitor glucose level, etc.)?

Please Read

- 1=Home health worker/family member/caretaker not available
- 2=Physical illness
- 3=Stress
- 4=Hurricane damage to home
- 5=Lack of supplies
- Do not read**
- 6=Other
- 7=Don't know / Not sure
- 9=Refused.

State-added 12: Employment

{ASK IF S13q8 =1 OR 2; OTHERWISE, SKIP TO next section}

FL12_1. Did you miss work or lose your job for any reason because of the hurricanes?
[Interviewer: If yes, ask: "Did you miss work, lose your job, or both?"]

- 1=Yes, I missed work
- 2=Yes, I lost my job
- 3=Yes, I missed work AND lost my job
- 4=No **(GO TO next section)**
- 7=Don't know/Not sure **(GO TO next section)**
- 9=Refused **(GO TO next section)**

FL12_2. {If FL12_1=1, fill in "How many days did you miss work?" } {If FL12_1=2, fill in "how many days have you been without a job?"/ {if FL12_1=3, fill in "how many days were you out of work, including both number of days missed and number of days without a job?"}

- __ __ = Code actual number from 1 up to 30
- 97=more than 30
- 77=Don't know/Not sure
- 99=Refused

State-added 13: Mental health

FL13_1. Are you currently experiencing any of the following feelings or problems, because of the hurricanes?

- a. Feelings of nervousness, worry or anxiety
- 1=Yes
- 2=No

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

b. Disturbing thoughts or images that won't go away

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

c. Feelings of sadness, loss of appetite, or difficulty sleeping

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

d. Reduced mental ability to work or study (for example, you are noticeably less productive)

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

e. Serious marital/family problems or arguments

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

f. Drinking more alcohol or using more of an illegal drug

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

[IF 'YES' TO ANY OF FL13_1A THROUGH FL13_1F, THEN CONTINUE FOLLOWING QUESTION; OTHERWISE SKIP TO closing]

FL13_2. Have you received or are you currently receiving counseling or medication to

help with any of these hurricane-related feelings or problems?

[Interviewer: if yes, probe for which]

1=Yes, currently receiving counseling or medication

2=Yes, but no longer receiving counseling or medication

3=No (GO TO closing)

7=Don't know/Not sure **(GO TO closing)**

9=Refused **(GO TO closing)**

FL13_3. Who was or is your main source of help? (CHOOSE PRIMARY SOURCE OF HELP)

Please Read

01=A mental health counselor or therapist (e.g., psychologist, psychiatrist, social worker)

02=A health care professional such as a medical doctor or nurse

03=A Religious counselor, religious support group, prayer group, a minister, a priest, a rabbi, or other spiritual counselor

04=Alcoholics Anonymous, Al Anon or similar group

05=Emergency worker such as the Red Cross or the Salvation Army

06=Family member or friend

Do not read

66=Other

77=Don't know/Not sure

99=Refused

Language

lang1. In what language was this interview completed?

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.