



2012

**Behavioral Risk Factor Surveillance System
Questionnaire**

January 6, 2012

Behavioral Risk Factor Surveillance System 2012 Questionnaire

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Interviewer's Script

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

Is this (phone number) ?

If "No"

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

Is this a private residence in (state) ?

If "Yes" [Go to cellular phone question]

If "No" [Go to college housing]

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

College Housing

Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

If "No,"

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

Cellular Phone

Is this a cellular telephone?

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

If "Yes"

Thank you very much, but we are only interviewing land line telephones and private residences or college housing. **STOP**

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

Adult

Are you 18 years of age or older?

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

If "No",

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

Adult Random Selection

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

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

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

If "no,"

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

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

___ Number of men

___ Number of women

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

If "you," go to page 6



To the correct respondent:

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

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is— (73)

Please read:

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

Or

- 5 Poor

Do not read:

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

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

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)

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

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)

- | | | | |
|---|---|-----------------------|---|
| – | – | Number of days | |
| 8 | 8 | None | [If Q2.1 and Q2.2 = 88 (None), go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

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

Section 3: Health Care Access

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

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

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

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

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

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

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

- 1 Within 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 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? (84)

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

Section 5: Chronic Health Conditions

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

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

5.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

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

5.2 (Ever told) you had angina or coronary heart disease? (86)

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

5.3 (Ever told) you had a stroke? (87)

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

5.4 (Ever told) you had asthma? (88)

- 1 Yes
- 2 No
- 7 Don't know / Not sure **[Go to Q5.6]**
- 9 Refused **[Go to Q5.6]**

5.5 Do you still have asthma? (89)

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

5.6 (Ever told) you had skin cancer? (90)

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

5.7 (Ever told) you had any other types of cancer? (91)

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

5.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (92)

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

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

(93)

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

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,
- polyarteritis nodosa)

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

(94)

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

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

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

(95)

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

- 5.12** Do you have any trouble seeing, even when wearing glasses or contact lenses? (96)
- 1 Yes
 - 2 No
 - 3 Not applicable (blind)
 - 7 Don't know / Not sure
 - 9 Refused

- 5.13** (Ever told) you have diabetes? (97)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"
- If respondent says pre-diabetes or borderline diabetes, use response code 4.
- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
 - 7 Don't know / Not sure
 - 9 Refused

CATI note: If Q5.13 = 1 (Yes), go to Diabetes Optional Module (if used). If any other response to Q5.13, go to Pre-Diabetes Optional Module (if used), otherwise, go to next section.

Section 6: Oral Health

- 6.1** 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. (98)
- 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

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

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

(99)

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

Section 7: Demographics

7.1 What is your age? (100-101)

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

7.2 Are you Hispanic or Latino? (102)

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

7.3 Which one or more of the following would you say is your race? (103 -108)

(Check all that apply)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.

7.4 Which one of these groups would you say best represents your race? (109)

Please read:

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

Or

- 6 Other [specify] _____

Do not read:

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

7.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. (110)

- 1 Yes
- 2 No

Do not read:

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

7.6 Are you...? (111)

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

7.7 How many children less than 18 years of age live in your household? (112-113)

– – Number of children

8 8 None

9 9 Refused

7.8 What is the highest grade or year of school you completed? (114)

Read only if necessary:

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

Do not read:

9 Refused

7.9 Are you currently...? (115)

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

7.10 Is your annual household income from all sources— (116-117)

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

Read only if necessary:

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

Do not read:

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

7.11 About how much do you weigh without shoes? (118-121)

NOTE: If respondent answers in metrics, put "9" in column 118.

Round fractions up

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

7.12 About how tall are you without shoes? (122-125)

NOTE: If respondent answers in metrics, put "9" in column 122.

Round fractions down

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

7.13 What county do you live in? (126-128)

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

7.14 What is the ZIP Code where you live? (129-133)

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

7.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (134)

| | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q7.17] |
| 7 | Don't know / Not sure | [Go to Q7.17] |
| 9 | Refused | [Go to Q7.17] |

7.16 How many of these telephone numbers are residential numbers? (135)

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

7.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (136)

- 1 Yes
- 2 No [Go to Q7.19]
- 7 Don't know / Not sure [Go to Q7.19]
- 9 Refused [Go to Q7.19]

7.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (137-139)

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

7.19 Do you own or rent your home? (140)

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

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

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

7.20 Indicate sex of respondent. **Ask only if necessary.** (141)

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

7.21 To your knowledge, are you now pregnant? (142)

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

Section 8: Disability

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

8.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (143)

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

8.2 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? (144)

Include occasional use or use in certain circumstances.

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

Section 9: Tobacco Use

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

(145)

NOTE: 5 packs = 100 cigarettes

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

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

(146)

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

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

(147)

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

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

(148-149)

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

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (150)

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

Do not read:

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

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (151-153)

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

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (154-155)

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

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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion? (156-157)

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

- 10.4** During the past 30 days, what is the largest number of drinks you had on any occasion?
(158-159)
- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 11: Immunization

- 11.1** Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
(160)

READ IF NECESSARY:

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

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q11.4] |
| 7 | Don't know / Not sure | [Go to Q11.4] |
| 9 | Refused | [Go to Q11.4] |

- 11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
(161-166)

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

- 11.3** At what kind of place did you get your last flu shot/vaccine?
(167-168)

- | | |
|-----|--|
| 0 1 | A doctor's office or health maintenance organization (HMO) |
| 0 2 | A health department |
| 0 3 | Another type of clinic or health center (Example: a community health center) |
| 0 4 | A senior, recreation, or community center |
| 0 5 | A store (Examples: supermarket, drug store) |
| 0 6 | A hospital (Example: inpatient) |
| 0 7 | An emergency room |
| 0 8 | Workplace |
| 0 9 | Some other kind of place |
| 1 0 | Received vaccination in Canada/Mexico (Volunteered – Do not read) |
| 1 1 | A school |
| 7 7 | Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?") |

Do not read:

- | | |
|-----|---------|
| 9 9 | Refused |
|-----|---------|

- 11.4** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (169)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 12: Falls

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

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

- 12.1** In the past 12 months, how many times have you fallen? (170-171)
- — Number of times **[76 = 76 or more]**
 - 8 8 None **[Go to next section]**
 - 7 7 Don't know / Not sure **[Go to next section]**
 - 9 9 Refused **[Go to next section]**

- 12.2** **[Fill in "Did this fall (from Q12.1) cause an injury?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.**

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

(172-173)

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

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (174)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

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

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

Section 14: Drinking and Driving

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

The next question is about drinking and driving.

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

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

Section 15: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

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

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

15.2 How long has it been since you had your last mammogram? (178)

Read only if necessary:

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

Do not read:

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

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (179)

- 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? (180)

Read only if necessary:

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

Do not read:

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (181)

- 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? (182)

Read only if necessary:

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

Do not read:

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

CATI note: If response to Core Q7.21 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (183)

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

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

Section 16: Prostate Cancer Screening

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

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

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (184)

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

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (185)

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

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (186)

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

16.4 Have you EVER HAD a PSA test? (187)

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

16.5 How long has it been since you had your last PSA test? (188)

Read only if necessary:

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

Do not read:

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

16.6 What was the MAIN reason you had this PSA test – was it ...? (189)

Please read:

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

Do Not Read:

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

Section 17: Colorectal Cancer Screening

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

The next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (190)

- 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? (191)

Read only if necessary:

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

Do not read:

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (192)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (193)

- 1 Sigmoidoscopy
- 2 Colonoscopy

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (194)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 18: HIV/AIDS

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

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (195)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 Not including blood donations, in what month and year was your last HIV test? (196-201)

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

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

- / -- -- Code month and year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused / Not sure

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

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(202)

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

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

Closing statement

Please read:

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

Or

Transition to modules and/or state-added questions

Please read:

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

Optional Modules

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to Core Q5.13 (Diabetes awareness question).

1. Have you had a test for high blood sugar or diabetes within the past three years? (210)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI note: If Core Q5.13 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 “Yes” (code = 1).

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (211)
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | Yes, during pregnancy |
| 3 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 2: Diabetes

To be asked following Core Q5.13; if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes? (212-213)
- | | |
|-----|---------------------------------------|
| – – | Code age in years [97 = 97 and older] |
| 9 8 | Don't know / Not sure |
| 9 9 | Refused |

2. Are you now taking insulin? (214)

- 1 Yes
- 2 No
- 9 Refused

3. 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. (215-217)

- 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

4. 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. (218-220)

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

5. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (221-222)

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

6. 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"? (223-224)

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

CATI note: If Q4 = 555 (No feet), go to Q8.

7. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (225-226)

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

8. 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. (227)

Read only if necessary:

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

Do not read:

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

9. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (228)

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

10. Have you ever taken a course or class in how to manage your diabetes yourself? (229)

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

Module 6: Excess Sun Exposure

1. In the past 12 months, how many times did you have a red OR painful sunburn that lasted a day or more? (256)
- | | |
|---|-----------------------|
| 8 | Zero |
| 1 | One |
| 2 | Two |
| 3 | Three |
| 4 | Four |
| 5 | Five or more |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 15: Cancer Survivorship

CATI note: If Core Q5.6 or Q5.7 = 1 (Yes) or Q16.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had? (316)
- | | | |
|---|-----------------------|----------------------------|
| 1 | Only one | |
| 2 | Two | |
| 3 | Three or more | |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |
2. At what age were you told that you had cancer? (317-318)
- | | | |
|-----|-----------------------|----------------------------|
| -- | Code age in years | [97 = 97 and older] |
| 9 8 | Don't know / Not sure | |
| 9 9 | Refused | |

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: "At what age were you first diagnosed with cancer?"

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

CATI note: If Core Q5.6 = 1 (Yes) and Q1 = 1 (Only one): ask "Was it "Melanoma" or "other skin cancer"? then code 21 if "Melanoma" or 22 if "other skin cancer"

CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.

3. What type of cancer was it? (319-320)

If Q1 = 2 (Two) or 3 (Three or more), ask: "With your most recent diagnoses of cancer, what type of cancer was it?"

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

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

4. Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (321)

- 1 Yes **[Go to next module]**
- 2 No, I've completed treatment
- 3 No, I've refused treatment **[Go to next module]**
- 4 No, I haven't started treatment **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

5. What type of doctor provides the majority of your health care? (322-323)

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

(324)

Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

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

7. Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

(325)

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

8. Were these instructions written down or printed on paper for you?

(326)

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (327)

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer? (328)

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

11. Did you participate in a clinical trial as part of your cancer treatment? (329)

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

12. Do you currently have physical pain caused by your cancer or cancer treatment? (330)

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

13. Is your pain currently under control? (331)

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

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

Module 17: Mental Illness and Stigma

Now, I am going to ask you some questions about how you have been feeling lately.

1. About how often during the past 30 days did you feel **nervous** — would you say **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (338)
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |
2. During the past 30 days, about how often did you feel **hopeless** — **all** of the time, **most** of the time, **some** of the time, **a little** of the time, or **none** of the time? (339)
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |
3. During the past 30 days, about how often did you feel **restless** or **fidgety**? (340)
- [If necessary: all, most, some, a little, or none of the time?]**
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |
4. During the past 30 days, about how often did you feel **so depressed** that nothing could cheer you up? (341)
- [If necessary: all, most, some, a little, or none of the time?]**
- | | |
|---|-----------------------|
| 1 | All |
| 2 | Most |
| 3 | Some |
| 4 | A little |
| 5 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |

5. During the past 30 days, about how often did you feel that **everything was an effort**?

Note: If respondent asks what does “everything was an effort” means; say, “Whatever it means to you”

[If necessary: all, most, some, a little, or none of the time?]

(342)

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

6. During the past 30 days, about how often did you feel **worthless**?

[If necessary: all, most, some, a little, or none of the time?]

(343)

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

7. During the past 30 days, for about how many days did a mental health condition or emotional problem **keep you from doing** your work or other usual activities?

(344-345)

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

INTERVIEWER NOTE: If asked, "**usual activities**" includes housework, self-care, care giving, volunteer work, attending school, studies, or recreation.

8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

(346)

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

These next questions ask about peoples' attitudes toward mental illness and its treatment.

9. Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

(347)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

10. People are generally caring and sympathetic to people with mental illness. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

(348)

Read only if necessary:

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly

Do not read:

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

INTERVIEWER NOTE: If asked for the purpose of Q9 or Q10: say: “answers to these questions will be used by health planners to help understand public attitudes about mental illness and its treatment and to help guide health education programs”.

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(422)

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (423)

- 1 Adult
- 2 Child

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

(State)

| Field Size | Columns (beginning with 551; not to exceed 800) | Question | Response Categories (Code = Response) |
|------------|---|---|---|
| 1 | 551 | <p>CATI Note: Only if had a past cardiovascular event. Question 5.1 or 5.2 or 5.3 = 1.</p> <p>FL1.1 Are you currently using aspirin or antiplatelet therapy (such as taking Plavix or Coumadin) to prevent recurrent cardiovascular events?</p> | 1 Yes 2 No 7 Don't know/Not sure 9 Refused |
| 1 | 552 | <p>FL2.1 Have you had your blood pressure measured within the past 2 years?</p> | 1 Yes 2 No 7 Don't know/Not sure 9 Refused |
| 1 | 553 | <p>FL2.2 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?</p> | 1 Yes 2 Yes, but female told only during pregnancy [Go to FL3.1] 3 No [Go to FL3.1] 4 Told borderline high or pre-hypertensive [Go to FL3.1] 7 Don't know / Not sure [Go to FL3.1] 9 Refused |
| 1 | 554 | <p>FL2.3 Are you currently taking medicine to help lower or control your high blood pressure?</p> | 1 Yes 2 No 7 Don't know/Not sure 9 Refused |

| | | | |
|---|-----|--|---|
| 1 | 555 | FL2.4 Are you cutting down on salt to help lower or control your high blood pressure? | 1 Yes 2 No 7 Don't know/Not sure 9 Refused |
| 1 | 556 | FL2.5 Are you exercising to help lower or control your high blood pressure? | 1 Yes 2 No 7 Don't know/Not sure 9 Refused |
| 1 | 557 | FL2.6 Is your high blood pressure currently under control? | 1 Yes 2 No 7 Don't know/Not sure 9 Refused |
| 1 | 558 | FL3.1 Do you think you could be at risk for diabetes or pre-diabetes? | 1 Yes 2 No [Go to FL4.1] 7 Don't know/Not sure [Go to FL4.1] 9 Refused [Go to FL4.1] |

| | | | |
|----|---|---|--|
| 10 | 559-560 561-562 563-564 565-566 567-568 | <p>FL3.2 CATI Note: Do not read; enter up to 5 of the following answers provided:</p> <p>Why do you think you are at risk for diabetes?</p> <p>(Multiple response)</p> | <p>Risk Factors</p> <ol style="list-style-type: none"> 1 Family History 2 Age 3 Poor Diet Habits 4 Race 5 Had a baby over 9 lbs at birth 6 Sedentary/Lack of exercise <p>Medical Conditions</p> <ol style="list-style-type: none"> 7 High Blood Pressure 8 High Blood Sugar 9 High Cholesterol 10 Hypoglycemic <p>Experienced symptoms</p> <ol style="list-style-type: none"> 11 Extreme hunger 12 Tingling/numbness hands/feet 13 Blurred vision 14 Increased fatigue <p>Other factors</p> <ol style="list-style-type: none"> 15 Anyone could be at risk 16 Doctor's warning 17 Other 77 Don't know 99 Refused |
| 1 | 569 | <p>FL4.1</p> <p>There has been a lot of talk about Diabetes in the media. Do you think diabetes is preventable?</p> | <ol style="list-style-type: none"> 1 Yes 2 No [Go to FL5.1] 7 Don't know/Not sure [Go to FL5.1] 9 Refused [Go to FL5.1] |
| 10 | 570-571 572-573 574-575 576-577 578-579 | <p>FL4.2 CATI Note: Do not read; enter up to 5 of the following answers provided:</p> <p>How do you think you can help prevent diabetes?</p> <p>(Multiple response)</p> | <ol style="list-style-type: none"> 1 Lost Weight 2 Increase physical activity 3 Eat a healthier Diet 4 Eat Fewer Calories 5 Eat Less Fat 6 Eat Less Sugar 7 Take Medication 8 Other 77 Don't know 99 Refused |

| | | | |
|---|-----|---|---|
| 1 | 580 | <p>CATI Note: Only Diabetics. Only if 5.13 = 1 Otherwise go to FL6.1</p> <p>Have you ever received face to face instruction one on one or in a group setting on the following topics related to your diabetes:</p> <p>FL5.1</p> <p>The role of diet in blood sugar control?</p> | <p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p> |
| 1 | 581 | <p>FL5.2</p> <p>The role of exercise in diabetes care?</p> | <p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p> |
| 1 | 582 | <p>FL5.3</p> <p>The medications you are taking?</p> | <p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p> |
| 1 | 583 | <p>FL5.4</p> <p>The prevention of long-term complications of diabetes?</p> | <p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p> |

| | | | |
|---|-----|--|--|
| 1 | 584 | <p>FL6.1</p> <p>CATI Note: If respondent is female and age > 45 Go to FL7.1 If respondent is male and age > 59 Go to FL7.1</p> <p>The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.</p> <p>Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?</p> | <p>1 Yes 2 No [Go to FL7.1] 7 DON'T KNOW / NOT SURE [Go to FL7.1] 9 REFUSED [Go to FL7.1]</p> |
|---|-----|--|--|

| | | | |
|-----------|--|---|--|
| <p>24</p> | <p>585-586 587-588 589-590 591-592 593-594 595-596 597-598 599-600 601-602 603-604 605-606 607-608</p> | <p>FL6.2 Did the doctor, nurse, or other health care worker talk with you about the following ways to prepare for a healthy pregnancy and baby? (Choose all that apply)</p> | <p>01 Taking vitamins with folic acid before pregnancy 02 Being a healthy weight before pregnancy 03 Using birth control methods to plan when you want to become pregnant 04 Getting your vaccines updated before pregnancy 05 Visiting a dentist or dental hygienist before pregnancy 06 Getting counseling for any genetic diseases that run in your family 07 Controlling any medical conditions such as diabetes and high blood pressure 08 Getting counseling or treatment for depression or anxiety 09 Safety of using prescription or over-the-counter medicines during pregnancy 10 How smoking during pregnancy can affect a baby 11 How drinking alcohol during pregnancy can affect a baby 12 How using illegal drugs during pregnancy can affect a baby</p> <p>88 A doctor, nurse, or other care worker did not discuss any of these topics with me</p> <p>77 Don't know/Not sure 99 Refused</p> |
| | | <p>CATI NOTE: If respondent is female and age > 50 Go to FL8.1 If respondent is male and age > 59 Go to FL8.1</p> <p>FL7_Intro</p> <p>The next questions are about infertility and problems becoming pregnant. They ask about your lifetime experiences with infertility. I realize that some people may be uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to.</p> | |

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| 1 | 609 | <p>FL7.1 Have you and a spouse or partner EVER tried to get pregnant?</p> | <p>1. Yes 2. No [Go to FL8.1] 7 Don't know / Not sure [Go to FL8.1] 9 Refused [Go to FL8.1]</p> |
| 1 | 610 | <p>FL7.2 As a couple, were you EVER unable to become pregnant after a year or longer of trying to do so?</p> | <p>1. Yes 2. No [Go to FL8.1] 7 Don't know / Not sure [Go to FL8.1] 9 Refused [Go to FL8.1]</p> |
| 1 | 611 | <p>FL7.3 Did you (or your spouse/partner) EVER seek medical consultation or treatment for infertility or problems becoming pregnant?</p> | <p>1. Yes 2. No [Go to FL8.1] 7 Don't know / Not sure [Go to FL8.1] 9 Refused [Go to FL8.1]</p> |
| 25 | 612-636 | <p>FL7.4 Which of the following treatments did you (or your spouse/partner) receive? Was it ...</p> <p>Interviewer Note: Allow for up to four responses.</p> <p>Interviewer note: (read only if necessary e.g. respondent struggles to understand the question)</p> <ul style="list-style-type: none"> - Drugs to improve or stimulate ovulation include Clomid ®, Serophene ®, or Pergonal ®) - Artificial insemination or intrauterine insemination includes treatments in which sperm, but NOT eggs, are collected and medically placed into a woman's body - Assisted reproductive technology includes treatments in which BOTH a woman's eggs and a man's sperm are handled in the laboratory, such as In Vitro Fertilization, Intracytoplasmic Sperm Injection, frozen embryo transfer, or donor embryo transfer | <p>Please read:</p> <ol style="list-style-type: none"> 1. Drugs to improve or stimulate ovulation 2. Artificial insemination or intrauterine insemination 3. Assisted reproductive technology 4. Surgery 5. Something else [specify] <hr/> |

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| 1 | 637 | <p>FL7.5 What was the result of the most recent treatment? Did you or your spouse/partner...</p> | <p>Please read:</p> <ol style="list-style-type: none"> 1. Become pregnant and are still pregnant 2. Become pregnant and had a baby 3. Become pregnant, but the pregnancy was not maintained 4. Did not become pregnant, but are still trying 5. Did not become pregnant and have stopped trying, <li style="padding-left: 40px;">or 6. You are currently receiving treatment <p>Do not read:</p> <p>7 Don't know / Not sure 9 Refused</p> |
| 2 | 638-639 | <p>FL8.1 In the past 30 days, how many times did you eat fish that was caught in Florida waters such as freshwater lakes and rivers or from a marine bay or ocean by you or someone you know? <i>Please do not include shellfish such as crab, oyster, clams, and shrimp or fish that came from a grocery store, fish market, or restaurant.</i></p> | <p>__ _ Number of days [Enter response 1-30] 8 8 None 7 7 Don't know / Not sure 9 9 Refused</p> |
| 2 | 640-641 | <p>FL8.2 Now thinking about the times you ate fish caught in Florida waters in the past 30 days, how many meals consisted of Saltwater or Marine fish?</p> | <p>__ _ Number of meals 8 8 None 7 7 Don't know / Not sure 9 9 Refused [Interviewer: Saltwater/Marine species listed below #1-18]</p> |

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| 2 | 642-643 | <p>FL8.3</p> <p>How many meals consisted of freshwater fish?</p> | <p>__ Number of meals</p> <p>8 8 None</p> <p>7 7 Don't know / Not sure</p> <p>9 9 Refused</p> <p>Interviewer: Freshwater species listed below #19- 22]</p> |
| 30 | <p>644-645</p> <p>646-647</p> <p>648-649</p> <p>650-651</p> <p>652-653</p> <p>654-655</p> <p>656-657</p> <p>658-659</p> <p>660-661</p> <p>662-663</p> <p>664-665</p> <p>666-667</p> <p>668-669</p> <p>670-671</p> <p>672-673</p> | <p>FL8.4</p> <p>Next, I have some questions about the sport fish you ate that was caught from Florida waters such as freshwater lakes and rivers or from a marine bay or ocean. <i>Not counting shellfish such as, crab, oyster, clams, and shrimp or fish that came from a grocery store, fish market, or restaurant</i>, please tell me the species (names or types) of fish you ate in the past 30 days. [Interviewer: IF R names any species, Probe "Any Others?"]</p> <p>(multiple choice- up to 15 choices)</p> | <p>1 Tuna</p> <p>2 King Mackerel</p> <p>3 Spanish Mackerel</p> <p>4 Wahoo</p> <p>5 Dolphin fish / Mahi Mahi</p> <p>6 Amberjack</p> <p>7 Shark</p> <p>8 Swordfish</p> <p>9 Snapper</p> <p>10 Grouper</p> <p>11 Seabass</p> <p>12 Grunts and porgies</p> <p>13 Pompano</p> <p>14 Flounder</p> <p>15 Seatrout</p> <p>16 Redfish</p> <p>17 Snook</p> <p>18 Whiting</p> <p>19 Largemouth bass</p> <p>20 sunfish or brim</p> <p>21 black crappie</p> <p>22 catfish</p> <p>23 Other</p> <p>88 None - Have not eaten fresh fish in past 30 days</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> |
| 2 | 674-675 | <p>FL8.5</p> <p>In the past 30 days, how often did you eat fish that was purchased at a GROCERY STORE, FISH MARKET, OR RESTAURANT (either fresh or frozen) including fish items such as fish sticks? This would include restaurant meals. <i>Do not include shellfish such as crab, oyster, clams, and shrimp.</i></p> | <p>__ Number of days [Enter response 1-30]</p> <p>8 8 None</p> <p>7 7 Don't know / Not sure</p> <p>9 9 Refused</p> |

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| 30 | 676-677 678-679 680-681 682-683 684-685 686-687 688-689 690-691 692-693 694-695 696-697 698-699 700-701 702-703 704-705 | <p>FL8.6</p> <p>Next, I have some questions the types of fish that were purchased at a GROCERY STORE, FISH MARKET, OR RESTAURANT. <i>Not counting shellfish such as crab, oyster, clams, and shrimp</i>, please tell me all the types of FISH you ate in the past 30 days.</p> <p>[Interviewer: IF R names any species, Probe “Any Others?”]</p> <p>(multiple choice: up to 15 choices)</p> | 01 Salmon 02 Tilapia 03 Grouper 04 Dolphin Fish / Mahi Mahi 05 Trout 06 Cod 07 Tuna (fresh or frozen) 08 Tuna (canned light, i.e. Skipjack) 09 Tuna (canned white, i.e. Albacore) 10 Snapper 11 Catfish 12 Swordfish 13 Shark 14 Mackerel 15 frozen fish sticks/breaded fish 16 Other 88 None - Have not eaten fresh fish in past 30 days 77 Don't know/Not sure 99 Refused |
| 1 | 706 | <p>FL9.1</p> <p>Now I am going to ask you a question about sexual orientation. Remember your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be:</p> | <ol style="list-style-type: none"> 1. Heterosexual, that is, straight 2. Homosexual, that is gay or lesbian 3. Bisexual 4. Other 7. Don't know / Not sure 9. Refused |
| 1 | 707 | <p>FL10.1</p> <p>Please tell me if you agree or disagree with the following statement.</p> <p>I believe that taking antibiotics are necessary for upper respiratory infections such as nasal discharge, a cold, or the flu to make me feel better.</p> | <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 7. Don't know / Not sure 9. Refused |
| 1 | 708 | <p>FL10.2</p> <p>If your healthcare provider prescribes antibiotics for you, do you take all of the pills or do you stop taking them when you feel better?</p> | <ol style="list-style-type: none"> 1. Take all the pills 2. Stop taking them when I feel better 7. Don't know / Not sure 9. Refused |

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| 1 | 709 | <p>FL10.3</p> <p>Please tell me if you agree or disagree with the following statement. I have seen posters, flyers, or advertisements informing me about appropriate antibiotic use.</p> | <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 7. Don't know / Not sure 9. Refused |
| 1 | 710 | <p>FL11.1</p> <p>May we call you back at a later time to ask you additional questions about important health topics?</p> | <p>1=Yes 2=No 7=Don't know / Not sure 9=Refused</p> |