

2010

Behavioral Risk Factor Surveillance System

Wyoming

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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

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Interviewer Script

INTROQST

HELLO, I am calling for the [Health Department]. My name is [Interviewer 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 [XXX-XXX-XXXX]?

1	Yes, CONTINUE	SKP	\rightarrow	PRIVRES
2	NUMBER IS NOT THE SAME	SKP	\rightarrow	WRONGNUM

WRONGNUM IF - INTROQST = 2

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.

PRIVRES	IF -	INTROQST	=	1

Is this a private residence in (State)?

1	Yes, CONTINUE	SKP	\rightarrow	ISCELL
2	No, NON-RESIDENTIAL	SKP	\rightarrow	NONRES

```
NONRES IF - PRIVRES = 2
```

Thank you very much, but we are only interviewing private residences in [State].

ISCELL	IF - PRIVRES = 1

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."

1	NO, NOT A	CELLULAR	TELEPHONE,	CONTINUE	SKP	\rightarrow	ADULTS
2	YES A CE	TITITAR TEI	EDHONE		SKP	\rightarrow	CELLYES

CELLYES

IF - ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS

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

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

MEN

How many of these adults are men?

___ Number of Adults

WOMEN

How many of these adults are women?

__ Number of Adults

WRONGTOT

IF - MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men - {MEN}

+

Number of Women - {WOMEN}

Number of Adults - {ADULTS}

1	CORRECT	THE	NUMBER	OF	MEN	SKP	\rightarrow	MEN
2	CORRECT	THE	NUMBER	OF	WOMEN	SKP	\rightarrow	WOMEN
3	CORRECT	THE	NUMBER	OF	ADULTS	SKP	\rightarrow	ADULTS

SELECTED IF - ADULT > 1 AND (MEN + WOMEN) = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

ONEADULT IF - NUMADLT = 1

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1 YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
2 YES AND THE RESPONDENT IS A FEMALE. SKP → YOURTHE1

2 NO

ASKGENDR IF - ADULT =1 AND ONEADULT = 3

Is the Adult a man or a woman?

1 MALE

2 FEMALE

GETADULT IF - ONEADULT = 3

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?

[IF ASKGENDR = 2 SHOW] ...her?

- 1 YES, ADULT IS COMING TO THE PHONE
- 2 NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 IF - SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

1 PERSON INTERESTED, CONTINUE SKP \rightarrow INTROSCR

2 GO BACK TO ADULTS QUESTION. WARNING: A SKP \rightarrow ADULTS

NEW RESPONDENT MAY BE SELECTED

GETNEWAD	IF - SELECTED = 2
_	

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

1	YES, SELECTED RESPONDENT COMING TO THE	SKP	\rightarrow	NEWADULT
	PHONE			
2	NO, GO TO NEXT SCREEN, PRESS F3 TO	SKP	\rightarrow	NEWADULT
	SCHEDULE A CALL-BACK			
3	GO BACK TO ADULTS QUESTION. WARNING: A	SKP	\rightarrow	ADULTS
	NEW RESPONDENT MAY BE SELECTED			

NEWADULT	IF - GETNEWAD =	1
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HELLO, I am calling for the [Health Department]. My name is [Interviewer 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.

1	PERSON INTERESTED, CONTINUE	SKP	\rightarrow	PRIVRES
2	GO BACK TO ADULTS QUESTION. WARNING: A	SKP	\rightarrow	WRONGNUM
	NEW RESPONDENT MAY BE SELECTED			

Core Sections

INTROSCR

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 01: Health Status

C01INTRO

C01Q01

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

- 1 Excellent
- 2 Very good
- 3 Good
 Fair
- 4 or
- 5 Poor

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C01END

Section 02: Healthy Days -- Health-Related Quality of Life

CO2INTRO

C02Q01

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

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

C02Q02

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

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

CATI NOTE: IF C02Q01 = 88 AND C02Q02 = 88 SKP TO C02END

C02Q03 IF - C02Q01 <> 88 AND C02Q02 <> 88

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
88	NONE
77	DON'T KNOW/NOT SURE
99	REFUSED
01	MIN
30	MAX

C02END

Section 03: Health Care Access

CO3INTRO

C03Q01

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

C03Q02

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

```
INTERVIEWER NOTE: 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?"

- 1 YES, ONLY ONE
- 2 MORE THAN ONE
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q03

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

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C03Q04

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.

- 1 Within past year (anytime less than 12 months ago)
- Within past 2 years (1 year but less than 2
 years ago)
- 3 Within past 5 years (2 years but less than 5
 years ago)
- 4 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 8 NEVER
- 9 REFUSED

C03END

Section 04: Sleep

C04INTRO

C04Q01

The next question is about getting enough rest or sleep.

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

NUMBER OF DAYS

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
01 MIN
30 MAX

C04END

Section 05: Exercise

C05INTRO

C05Q01

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

C05END

Section 06: Diabetes

CO6INTRO

C06Q01

Have you ever been told by a doctor that you have diabetes? INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK:

"Was this only when you were pregnant?"

INTERVIEWER NOTE: 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

CO6END

Module 01: Pre-Diabetes

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

M01INTRO

M01Q01

Have you had a test for high blood sugar or diabetes within the past three years?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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

M01Q02

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

"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

M01END

Module 02 : Diabetes

To be asked following Core Q6.1; if response is "Yes" (code = 1)

M02INTRO

M02Q01

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

- ___ Code age in years (97 = 97 or older)
- 98 DON'T KNOW/NOT SURE
- 99 REFUSED
- 01 MIN
- 30 MAX

M02Q02

Are you now taking insulin?

- 1 YES
- 2 NO
- 9 REFUSED

M02Q03

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IF - STATE = 5 AND M02Q01 = 0
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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.

NOTE:

```
101-199 = TIME PER DAY 301-399 = TIMES PER MONTH
```

201-299 = TIMES PER WEEK 401-499 = TIMES PER YEAR

- 888 Never
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

M02Q04

IF - STATE = 5 AND M02Q01 = 0

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.

NOTE:

101-199 = TIME PER DAY 301-399 = TIMES PER MONTH

201-299 = TIMES PER WEEK 401-499 = TIMES PER YEAR

- 555 NO FEET
- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

M02Q05

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]
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M02Q06

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]
- 88 NONE
- 98 Never heard of "A one C" test
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

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

M02Q07

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]
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M02008

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 No 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

M02Q09

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

M02Q10

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

M02END

Section 07: Oral Health

CO7INTRO

C07Q01

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.

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

C07Q02

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

NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

- 1 1 to 5
- 2 6 Or more but not all
- 3 All
- 4 None
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section

C07Q03 IF - NOT(C07Q01 = 8 AND C07Q03 = 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

C07END

Section 08: Cardiovascular Disease Prevalence

COSINTRO

C08Q01

Now I would like to ask you some questions about cardiovascular disease.

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

Ever told you had a heart attack, also called a myocardial infarction?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C08Q02

Ever told you had angina or coronary heart disease?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C08Q01

Ever told you had a stroke?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C08END

Section 09: Asthma

C09INTRO

C09Q01

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

1 YES

2 NO SKP \rightarrow C09END

7 DON'T KNOW/NOT SURE SKP \rightarrow C09END

9 REFUSED SKP \rightarrow C09END

C09Q02 IF - C09Q01 = 1

Do you still have asthma?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C09END

Section 10: Disability

C10INTRO

C10Q01

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

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

C10Q02

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

C10END

Section 11: Tobacco Use

C11INTRO

C11Q01

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1 YES

2 NO SKP \rightarrow C11Q05

7 DON'T KNOW/NOT SURE SKP \rightarrow C11Q05 9 REFUSED SKP \rightarrow C11Q05

C11Q02 IF - C11Q01 = 1

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

- 1 Everyday
- 2 Somedays
- 3 Not at all SKP \rightarrow C11Q04
- 7 DON'T KNOW/NOT SURE SKP \rightarrow C11Q05
- 9 REFUSED SKP \rightarrow C11Q05

C11Q03 IF - C11Q02 = 1 OR C11Q02 = 2

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

1	YES	SKP	\rightarrow	C11Q05
2	NO	SKP	\rightarrow	C11Q05
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C11Q05
9	REFUSED	SKP	\rightarrow	C11Q05

CATI note: If Q11.2 = 3 (Not at all); continue. Otherwise, go to Q11.5

C11Q04 IF - C11Q02 = 3

How long has it been since you last smoked cigarettes regularly?

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C11Q05

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.

- 1 Everyday
- 2 Somedays
- 3 Not at all
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C11END

Section 12: Demographics

C12INTRO

C12Q01

```
What is your age?
______ YEARS

07 DON'T KNOW/NOT SURE
09 REFUSED
```

C12Q02

Are you Hispanic or Latino?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q03

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 or Alaska Native Or
- 6 Other [Specify]
- 8 NO ADDITIONAL CHOICES
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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

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]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12005

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, the Persian Gulf War.

- 1 Yes, now on active duty
- Yes, on active duty during the last 12 months, but not now
- 3 Yes, on active duty in the past, but not during the last 12months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Are you...?

PLEASE READ:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married Or
- 6 A member of an unmarried couple
- 9 REFUSED

C12Q07

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

- ___ NUMBER OF CHILDREN
- 88 NONE
- 99 REFUSED

C12Q08

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

Are you currently...?

PLEASE READ:

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for more than 1 year
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired Or
- 08 Unable to work
- 99 REFUSED

C12Q10d

Is your annual household income from all sources:

Less than \$25,000?

- 1 YES
- 2 NO

7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C12Q10i
9	REFUSED	SKP	\rightarrow	C12Q10i

C12Q10c IF - C12Q10d = 1

Is your annual household income from all sources:

Less than \$20,000?

2 NO SKP \rightarrow C12Q10i

7 DON'T KNOW/NOT SURE SKP → C12Q10i

REFUSED SKP - C12Q10i

C12Q10b IF - C12Q10c = 1

Is your annual household income from all sources:

Less than \$15,000?

2	NO	SKP	\rightarrow	C12Q10i

7 DON'T KNOW/NOT SURE SKP \rightarrow C12Q10i

9 REFUSED SKP → C12Q10i

C12Q10a IF - C12Q10b = 1

Is your annual household income from all sources:

Less than \$10,000?

1	YES	SKP	$\begin{array}{c} \rightarrow \\ \rightarrow \end{array}$	C12Q10i
2	NO	SKP		C12Q10i
7 9	DON'T KNOW/NOT SURE REFUSED	SKP SKP	\rightarrow \rightarrow	C12Q10i C12Q10i

C12Q10e IF - C12Q10d = 2

Is your annual household income from all sources:

Less than \$35,000?

1	YES	SKP	\rightarrow	C12Q10i
2	NO			
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C12Q10i
9	REFUSED	SKP	\rightarrow	C12Q10i

C12Q10f IF - C12Q10e = 2

Is your annual household income from all sources:

Less than \$50,000?

1 2	YES NO	SKP	\rightarrow	C12Q10i
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C12Q10i
9	REFUSED	SKP	\rightarrow	C12Q10i

C12Q10g IF - C12Q10f = 2

Is your annual household income from all sources:

Less than \$75,000?

1	YES	SKP	$\begin{array}{c} \rightarrow \\ \rightarrow \end{array}$	C12Q10i
2	NO	SKP		C12Q10i
7 9	DON'T KNOW/NOT SURE REFUSED	SKP SKP	$\begin{array}{c} \rightarrow \\ \rightarrow \end{array}$	C12Q10i C12Q10i

C12Q10i

```
ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES IS:
{If C12Q10g = 2, More than $75,000?}
{If C12Q10g = 1, $50,000 to less than $75,000}
{If C12Q10f = 1, $35,000 to less than $50,000}
\{If\ C12Q10e = 1, $25,000 to less than $35,000\}
\{If\ C12Q10c = 2, $20,000\ to\ less\ than\ $25,000\}
{If C12Q10b = 2, $15,000 to less than $20,000}
\{If C12Q10a = 2, $10,000 to less than $15,000\}
{If C12Q10a = 1, Less than $10,000}
{Default, REFUSED/DON'T KNOW/NOTSURE}
IS THIS CORRECT?
  YES
2
   NO
                                                   SKP
                                                                 C12Q10d
```

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q11

About how much do you weigh without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 122.

ROUND FRACTIONS UP

WEIGHT

7777 DON'T KNOW/NOT SURE

9999 REFUSED

About how tall are you without shoes?

NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 126.

ROUND FRACTIONS DOWN

__/_ HEIGHT

77/77 DON'T KNOW/NOT SURE

99/99 REFUSED

C12Q13

What county do you live in?

____ FIPS COUNTY CODE

777 DON'T KNOW/NOT SURE

999 REFUSED

C12Q14

What is your ZIP Code where you live?

ZIP Code

77777 DON'T KNOW/NOT SURE

99999 REFUSED

C12Q15

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 SKP \rightarrow C12Q17

7 DON'T KNOW/NOT SURE SKP \rightarrow C12Q17

REFUSED SKP \rightarrow C12Q17

C12Q16 IF - C12Q15 = 1

How many of these telephone numbers are residential numbers?

- _ Residential Telephone Numbers [6 = 6 or more]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q17

During the past 12 months, has your household been without landline telephone service for 1 week or more? Do not include interruptions of landline telephone service because of weather or natural disasters.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[CELL PHONE QUESTIONS]

C12Q18A

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

- 1 YES SKP \rightarrow C12Q18C
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12Q18B IF - C12Q18A <> 1

Do you share a cell phone for personal use (at least one-third of the time) with other adults?

1	YES	SKP	$\begin{array}{c} \rightarrow \\ \rightarrow \end{array}$	C12Q18D
2	NO	SKP		C12Q19
7	DON'T KNOW/NOT SURE	SKP	$ \rightarrow \\ \rightarrow$	C12Q19
9	REFUSED	SKP		C12Q19

C12Q18C

IF - C12Q18A = 1

Do you usually share this cell phone (at least one-third of the time) with any other adults?

1	YES	SKP	$\begin{array}{c} \rightarrow \\ \rightarrow \end{array}$	C12Q18D
2	NO	SKP		C12Q19
7	DON'T KNOW/NOT SURE	SKP	$\overset{\rightarrow}{\rightarrow}$	C12Q19
9	REFUSED	SKP		C12Q19

C12Q18D

IF - C12Q18A = 1 OR C12Q18B = 1

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?

____ Enter Percent (1 to 100)

888 NONE

777 DON'T KNOW/NOT SURE

999 REFUSED

C12Q19

Indicate sex of respondent. Ask only if necessary.

- 1 MALE SKP \rightarrow C12END
- 2 FEMALE

C12Q20

IF - C12Q19 = 2 AND C12Q01 <= 45

To your knowledge, are you now pregnant?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C12END

Section 13: Alcohol Consumption

C13INTRO

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1	YES			
2	NO	SKP	\rightarrow	C13END
_	•			
_	DOMAIN ANNOUS AND T	a		G1 2515
1	DON'T KNOW/NOT SURE	SKP	\rightarrow	C13END
9	REFUSED	SKP	\rightarrow	C13END
-				

C13Q02 IF - C13Q01 = 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?

C13Q03 IF - C13Q01 = 1 AND C13Q02 <> 888

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?

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
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C13Q04 IF - C13Q01 = 1 AND C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have [If C12Q19 = 1, 5, 4] or more drinks on an occasion?

- __ Number of times
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C13Q05 IF - C13Q01 = 1 AND C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

- __ Number of drinks
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C13END

Section 14: Immunization

C14INTRO

C14Q01

Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

C14Q02

During what month and year did you receive your most recent seasonal flu shot?

__/___ Month / Year

77/7777 DON'T KNOW/NOT SURE
99/9999 REFUSED

C14Q03

The seasonal flu vaccine sprayed in the nose is also called FluMist™. During the past 12 months, have you had a seasonal flu vaccine that was sprayed in your nose?

1 YES
2 NO SKP → C14Q05

7 DON'T KNOW/NOT SURE SKP → C14Q05

9 REFUSED SKP → C14Q05

C14Q04

During what month and year did you receive your most recent seasonal flu vaccine that was sprayed in your nose?

__/___ Month / Year

77/7777 DON'T KNOW/NOT SURE
99/9999 REFUSED

C14Q05

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?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C14END

Section 15: Falls

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

C15INTRO IF - C12Q01 >= 45

C15Q01

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

In the past 3 months, how many times have you fallen?

```
C15Q02 IF - C15q01 < 77
```

[FILL IN "DID THIS FALL (FROM Q15.1) CAUSE AN INJURY?"]. IF ONLY ONE FALL FROM Q15.1 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.

```
_____ Number of falls [76 = 76 or more]

88 NONE
77 DON'T KNOW/NOT SURE
99 REFUSED
```

C15END

Section 16: Seatbelt Use

C16INTRO

C16Q01

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

PLEASE READ:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 7 DON'T KNOW/NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR SKP \rightarrow C16END
- 9 REFUSED

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.

C16END

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section

C17INTRO	IF	-	C16Q01	<>	8	AND	C13Q01	<>	2

C17Q01

The next question is about drinking and driving.

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

___ Number of times [76 = 76 or more]

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

C17END

Section 18: Women's Health

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

C18INTRO IF - C12Q19 = 2

C18Q01

The next questions are about breast and cervical cancer.

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

1 YES

2 NO SKP \rightarrow C18Q03

7 DON'T KNOW/NOT SURE SKP \rightarrow C18Q03

9 REFUSED SKP \rightarrow C18Q03

C18002 IF - C18001 = 1

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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C18Q03

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?

1	YES			
2	NO	SKP	\rightarrow	C18Q05
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C18Q05
9	REFUSED	SKP	\rightarrow	C18Q05

C18Q04 IF - C18Q03 = 1

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
- Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C18Q05

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

1 YES 2 NO		SKP	\rightarrow	C18Q07
7 DON'	T KNOW/NOT SURE	SKP	$\overset{\rightarrow}{\rightarrow}$	C18Q07
9 REFU	SED	SKP		C18Q07

C18Q06

IF - C18Q05 = 1

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 (2 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI note: If response to Core Q12.20 = 1 (is pregnant); then go to next section

C18Q07

IF - C12Q20 <> 1

Have you had a hysterectomy?

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

C18END

Section 19: Prostate Cancer Screening

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

C19INTRO IF - C12Q01 > 39 AND C12Q19 = 1

C19Q01

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

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?

2	NO NO	SKP	\rightarrow	C19Q03
7	DON'T KNOW/NOT SURE	SKP	$\overset{\rightarrow}{\rightarrow}$	C19Q03
9	REFUSED	SKP		C19Q03

C19Q02	IF -	C19001	= 1

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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C19Q03

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	SKP	\rightarrow	C19Q05
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C19Q05
9	REFUSED	SKP	\rightarrow	C19Q05

C19Q04	TF	C19Q03	=	1
CIJOUT		$C \pm J Q C J$		_

How long has it been since your last digital rectal 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 (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C19Q05

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

C19END

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section

C20INTRO IF - C12Q01 > 49

C20Q01

The next questions are about colorectal cancer screening.

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 2	YES NO	SKP	\rightarrow	C20Q03
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C20Q03
9	REFUSED	SKP	\rightarrow	C20Q03

C20Q02 IF - C20Q01 = 1

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 3 years (2 years but less than 3 years ago
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C20Q03

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	SKP	\rightarrow	C21Q01
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	C21Q01
9	REFUSED	SKP	\rightarrow	C21Q01

C20Q04 IF	' –	C20Q03	=	1
-----------	-----	--------	---	---

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?

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C20Q05

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

READ ONLY IF NECESSARY

01 Within the past year (anytime less than 12 months ago) 02 Within the past 2 years (1 year but less than 2 years ago) 03 Within the past 3 years (2 years but less than 3 years ago 04 Within the past 5 years (2 years but less than 5 years ago) 05 5 or more years ago 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 or more years ago 77 DON'T KNOW/NOT SURE 99 REFUSED

48

C20END

Section 21: HIV/AIDS

CATI note: If respondent is 65 years old or older, go to next section

C21INTRO IF - C12Q20 < 65

C21Q01

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

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.

	YES NO	SKP	\rightarrow	C21Q05
7 9	DON'T KNOW/NOT SURE	SKP SKP	\rightarrow \rightarrow	C21Q05

C21Q02 IF - C21Q01 = 1

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

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.

__/___ Month / Year

77/7777 DON'T KNOW/NOT SURE
99/9999 REFUSED

```
C21Q03 IF - C21Q01 = 1
```

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

READ ONLY IF NECESSARY

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

Do not read:

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI note: Ask Q21.4; if Q21.2 = within last 12 months. Otherwise, go to Q21.5.

Was it a rapid test where you could get your results within a couple of hours?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C21Q05

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?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C21END

Section 22: Emotional Support and Life Satisfaction

C22INTRO

C22Q01

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

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED, SAY

"please include support from any source."

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C22Q02

In general, how satisfied are you with your life?

PLEASE READ:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

C22END

Module 11: Shingles (Zostavax or ZOS)

CATI note: If respondent is < 49 years of age, go to next module.

M11INTRO

The next question is about the Shingles vaccine.

M11Q01

Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M11END

Module 12: Tetanus Diphtheria (Adults)

M12INTRO

Next, I will ask you about the tetanus diphtheria vaccination.

M12Q01

Have you received a tetanus shot in the past 10 years?

1 YES

2 NO SKP \rightarrow M12END

7 DON'T KNOW/NOT SURE SKP \rightarrow M12END

9 REFUSED SKP \rightarrow M12END

M12Q02

Was your most recent tetanus shot given in 2005 or later?

1 YES

2 NO SKP \rightarrow M12END

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M12Q03

There are currently two types of tetanus shots available for adults. One contains the tetanus diphtheria vaccine. The other type contains tetanus diphtheria and pertussis or whooping cough vaccine. Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?

- 1 Yes (included pertussis)
- 2 No (did not include pertussis)
- 3 Doctor did not say
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M12END

Module 13: Adult Human Papilloma Virus (HPV)

CATI note: To be asked of respondents between the ages of 18 and 49 otherwise, go to next module.

M13INTRO

M13Q01

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]. Have you EVER had an HPV vaccination?

NOTE: HUMAN PAPILLOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL

NOTE: HUMAN PAPILLOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH·SEEL); CERVARIX (SIR·VAR·ICKS)

1 Yes

2	No	SKP	\rightarrow	M13END
3	Doctor refused when asked	SKP	\rightarrow	M13END
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	M13END

SKP

M13END

M13Q02

REFUSED

How many HPV shots did you receive?

- __ Number of shots
- 03 All shots
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M₁₃END

Module 17: Anxiety and Depression

M17INTRO

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

M17Q01

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- __ 01-14 days
- 88 None
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M17Q02

Over the last 2 weeks, how many days have you felt down, depressed <u>or</u> hopeless?

- __ 01-14 days
- 88 None
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M17Q03

Over the last 2 weeks, how many days have you had trouble falling asleep <u>or</u> staying asleep <u>or</u> sleeping too much?

- __ 01-14 days
- 88 None
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M17004

Over the last 2 weeks, how many days have you felt tired $\underline{\text{or}}$ had little energy?

- __ 01-14 days
- 88 None
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M17Q05

Over the last 2 weeks, how many days have you had a poor appetite $\underline{\text{or}}$ eaten too much?

__ 01-14 days

88 None

77 DON'T KNOW/NOT SURE

99 REFUSED

M17Q06

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

__ 01-14 days

88 None

77 DON'T KNOW/NOT SURE

99 REFUSED

M17Q07

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper $\underline{\text{or}}$ watching the TV?

__ 01-14 days

88 None

77 DON'T KNOW/NOT SURE

99 REFUSED

M17Q08

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?

__ 01-14 days

88 None

77 DON'T KNOW/NOT SURE

99 REFUSED

M17Q09

Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M17Q10

Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M17END

Module 23: Random Child Selection

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

M23INTRO

If Core Q12.7 = 1, Interviewer please read: "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 Q1]

If Core Q12.7 is >1 and Core Q12.7 does not equal 88 or 99,

Interviewer please read: "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 last." Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

"I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child."

M23001

What is the birth month and year of the "Xth" child?
__/___ Code month and year

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

M23Q02

Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 REFUSED

M23Q03

- Is the child Hispanic or Latino?
- 1 Yes
- 2 No

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M23Q04

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

(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 Q4, continue. Otherwise, go to Q6.

M23Q05

Which one of these groups would you say best represents the child's race?

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

M23Q06

How are you related to the child? PLEASE READ:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M23END

Module 24: Childhood Asthma Prevalence

CATI note: If response to Core Q12.7 = 88 (None) or 99 (Refused), go to next module.

M24INTRO

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

M24Q01

Has a doctor, nurse or other health professional EVER said that the child has asthma?

1 Yes

2 No SKP \rightarrow M24END

7 DON'T KNOW/NOT SURE SKP \rightarrow M24END

9 REFUSED SKP \rightarrow M24END

M24Q02

Does the child still have asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

M24END

Module 25: Childhood Immunization

CATI note: If Core Q12.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

CATI note: If selected child's age is \geq 6 months, continue. Otherwise, go to next module.

M25INTRO

M25Q01

Now I will ask you questions about seasonal flu. There are two types of seasonal flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [Fill: he/she] had a seasonal flu vaccination?

1 Yes

2 No SKP \rightarrow M25END

7 DON'T KNOW/NOT SURE SKP \rightarrow M25END

9 REFUSED SKP → M25END

M25Q02

The flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. During what month and year did [Fill: he/she] receive [Fill: his/her] most recent seasonal flu vaccination?

___/___ Month / Year

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

M25END

Module 26: Child Human Papilloma Virus (HPV) If selected child is between ages 9 and 17 years; continue. Otherwise, go to next module.

M26INTRO

NOTE: HUMAN PAPILLOMA VIRUS (HUMAN PAP·UH·LOH·MUH VIRUS);

GARDASIL (GAR.DUH.SEEL); CERVARIX (SIR.VAR.ICKS)

I have two additional questions about a vaccination the selected child may have had.

M26Q01

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]. Has this child EVER had an HPV vaccination?

1 Yes

2	No	SKP	\rightarrow	M26END
3	Doctor refused when asked	SKP	\rightarrow	M26END
7	DON'T KNOW/NOT SURE	SKP	\rightarrow	M26END

SKP

M26END

M26Q02

How many HPV shots did [Fill: she/he] receive?

__ Number of shots

03 All shots

REFUSED

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

M26END

State Added 01:

WY01INTRO

IF - C12Q07 > 0 AND C12Q07 < 77

CATI NOTE: CONTINUE DIRECTLY FROM CHILD HPV OR CHILDHOOD IMMUNIZATION OR CHILDHOOD ASTHMA MODULE IF THERE IS A CHILD IN THE HOME. OTHERWISE SKIP TO END.

WY01Q01

IF - C12Q07 > 0 AND C12Q07 < 77

Was there a time during the past 12 months when this child needed to see a doctor but could not because of the cost?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY01Q02

IF - C12Q07 > 0 AND C12Q07 < 77

Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Kid Care CHIP?

- 1 YES
- 2 NO SKP \rightarrow WY01Q04
- 7 DON'T KNOW/NOT SURE SKP \rightarrow WY01Q04
- 9 REFUSED SKP → WY01Q05

WY01Q03

IF - WY01Q02 = 1

What type of health care coverage does this child have? Is it...

PLEASE READ

- *3 Through the government's children's health insurance program also known as Kid Care CHIP?
- 1 Through your or someone else's employer
- 2 Through Medicaid
- 3 Through ... CHIP?
- 4 Through some other form of health care coverage
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY01Q04

IF - WY01Q02 = 2 OR WY01Q02 = 7

There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, the military, Medicaid, Medicare, the Indian Health Service, or some other source?

DO NOT READ

- 1 Through your or someone else's employer
- 2 Through Medicaid
- 3 * Through ... CHIP?
- 4 Through some other form of health care coverage
- 5 No health care coverage
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY01Q05

IF - C12Q07 < 88 OR WY01Q02 = 9

Thinking back over the past 12 months, tell me as best as you can whether this child has had any sunburns during that time. By sunburn, I mean any reddening or burn of the skin that lasts until the next day.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY01END

State Added 02:

WY02INTRO

WY02Q01

These last few questions are about you.

Have you heard of any activities to address the problem of diabetes in your community?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY02END

State Added 03:

WY03INTRO

CATI NOTE: Insert after C11Q05

WY03Q01

Do you currently use any tobacco products other than cigarettes, chewing tobacco or snuff, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

NOTE: BIDIS ARE SMALL, BROWN, HAND-ROLLED CIGARETTES FROM INDIA AND OTHER SOUTHEAST ASIAN COUNTRIES. KRETEKS ARE CLOVE CIGARETTES MADE IN INDONESIA THAT CONTAIN CLOVE EXTRACT AND TOBACCO.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY03END

State Added 04:

WY04INTRO

WY04Q01

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

Have you had a sunburn within the past 12 months?

1 YES

2 NO SKP \rightarrow WY04END

7 DON'T KNOW/NOT SURE SKP \rightarrow WY04END 9 REFUSED SKP \rightarrow WY04END

WY04Q02 IF - WY04Q01 = 1

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

WY04END

State Added 05:

WY05INTRO

WY05Q01

Have you ever heard of radon, which is a radioactive gas that occurs in nature?

- 1 YES
- 2 NO SKP \rightarrow WY05END
- 7 DON'T KNOW/NOT SURE SKP \rightarrow WY05END 9 REFUSED SKP \rightarrow WY05END

WY05Q02

 $IF - WY05Q\overline{01} = 1$

Has your household air been tested for the presence of radon gas?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY05Q03

IF - WY05Q01 = 1

Which of the following best describes your residence?

- 1 Single family home, duplex, or townhouse
- 2 Apartment or condominium at basement level, or on 1st or 2nd floor
- 3 Apartment or condominium above 2nd floor
- 4 Trailer or mobile home
- 5 OTHER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY05Q04

IF - WY05Q01 = 1

Do you agree or disagree with the following statement:

Prolonged exposure to radon gas can increase your risk of lung cancer?

DO NOT READ RESPONSES

- 1 AGREE
- 2 DISAGREE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

WY05END

Influenza Like Illness - Inserted through March

Insert the following adult questions after core Section 22: Emotional Support and Life Satisfaction in the Landline questionnaire.

We would like to ask you some questions about recent respiratory illnesses.

1. During the past month, were you ill with a fever?

$$1 = Yes$$

$$2 = No - [Go to Q8]$$

$$7 = Don't know - [Go to Q8]$$

$$9 = Refused - [Go to Q8]$$

2. Did you also have a cough and/or sore throat?

(919)

$$1 = Yes$$

$$2 = No - [Go to Q8]$$

$$7 = Don't know - [Go to Q8]$$

$$9 = Refused - [Go to Q8]$$

3. When did you first become ill with fever, cough or sore throat? [Interviewer: read off choices; choose the most specific] (921)

7 = Don't know

9 = Refused

4. Did you visit a doctor, nurse, or other health professional for this illness? (922)

1 = Yes

2 = No - [Go to Q8]

7 = Don't know - [Go to Q8]

9 = Refused - [Go to Q8]

5. What did the doctor, nurse, or other health professional tell you? Did they say...[Interviewer: read off choices] (923)

1 = You had regular influenza or the flu,

2 = You had swine flu, also known as H1N1 or novel H1N1

3 = You had some other illness, but not the flu-

7 = Don't know/not sure

9 = Refused

6. Did you have a flu test that was positive for this illness? Usually a swab from your nose or throat is tested. Would you say...[Interviewer: read off choices] (924)

1 = Yes, had flu test and it was positive

2 = No, had flu test but it was negative

3 = No, flu test was not done

7 = Don't know

9 = Refused

7.	7. Did you receive Tamiflu® or oseltamivir [o sel TAM i veer] or an inhaled medicing Relenza® or zanamivir [za NA mi veer] to treat this illness? (925)									
		1 = Ye	es							
		2 = No								
		7 = Do	on't know							
		9 = Refused								
CA	TI Note: A	pply p	rior to Q8; [(For a one adult household with no chil	dren,						
If ti	he respon	dent ha	as NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to nex	t section);						
	r a one ad to Q10)]	dult hou	usehold with no children, If respondent has been il	I (Q1=1 and Q2=1)						
8.	8. Did any other members of your household have a fever with cough or sore throat during past month?									
		1 = Ye	es							
2 = No - [If (Q1 = 1(Yes)) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]										
	7 = Don't know									
	9 = Refused									
	How many =1 (Yes)]	housel	nold members, [CATI note: Fill in "including you," I	f Q1=1(Yes) and						
	927-928)									
			# persons							
		88	None							
		77	Don't know/Not Sure							
		99	Refused							

CATI note: Apply prior to Q10; If (Q1 = 1(Yes)) and Q2 = 1(Yes) or Q8 = 1(Yes) continue to Q10; otherwise, skip to next section.

10. How many people in your household, including you, were hospitalized for flu during the past month? [Interviewer, if needed: hospitalized means admitted to a hospital to receive medical treatment.] (929-930)

__ _ # persons

88 None

7 7 Don't know/Not Sure

99 Refused

For states using Module 23: Random Child Selection, add these questions following Module 23. This will be referenced as Module 27 in Edfix10 and the data submission layout.

The next questions are about the "Xth" child.

1. Has the child had a fever with cough and/or sore throat during the past month?

(931)

1 = Yes

2 = No - [Go to next module]

7 = Don't know - [Go to next module]

9 = Refused – [Go to next module]

2. Did the child visit a doctor, nurse, or other health professional for this illness?

(932)

1 = Yes

2 = No - [Go to next module]

7 = Don't know - [Go to next module]

9 = Refused – [Go to next module]

Notes:

- Two modules will be added to BRFSS beginning January 1, 2010 and continuing through June 30, 2010:
 - a. Novel H1N1 influenza vaccination questions for adults to be asked immediately before question 1 of Section 14: Immunization.
 - b. Novel H1N1 influenza vaccination questions for Child Module (requires use of Module 23: Random Child Selection)
- 2. A third module, Module 10: High Risk / Health Care Worker, should be asked through June 30, 2010. These questions follow the Adult H1N1 ILI questions which have been inserted after Section 22: Emotional Support and Life Satisfaction.

Module 28: Novel H1N1 Adult Immunization

M28.1. There are currently vaccines available for two kinds of flu -- the seasonal flu,

and the 2009 H1N1 flu. I will first ask you questions about vaccination for H1N1 flu, which is sometimes called swine flu or pandemic flu, and then ask you questions about vaccination for seasonal flu.

There are two ways to get the H1N1 flu vaccination. One is a shot in the arm and the other is a spray, mist or drop in the nose.

Since September, 2009, have you been vaccinated either way for the H1N1 flu?

(933)

- 1 Yes
- 2 No **[Go to Q14.1]**
- 7 Don't Know / Not Sure [Go to Q14.1]
- 9 Refused [Go to Q14.1]

M28.2	During w	hat month	did vou	racaiva vo	sur H1N1 1	flu vaccine?
IVIZO.Z	Dulliu Wi	nai monin	ulu vou	IECEIVE V	JULLINI	ilu vaccili c :

(934 -

935)

__ Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M28.2_Month in (7, 8, 9, 10, 11, 12) then M28.2_Year=2009; else if M28.2_Month in (1, 2, 3, 4, 5, 6) then M28.2_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M28.3 Was this a shot or was it a vaccine sprayed in the nose?

(936)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
- 7. Don't Know / Not Sure
- 9. Refused

<u>Module 30: Novel H1N1 Childhood Immunization</u> - to be asked immediately before Module 25: Childhood Immunization.

CATI note: If selected child's age is ≥ 6 months, continue. Otherwise, go to next module.

The next questions are about this child's immunizations.

M30.1. I will first ask you questions about vaccination for H1N1 flu, which is sometimes

called swine flu or pandemic flu, and then ask you questions about vaccination for

seasonal flu. There are two ways to get the H1N1 flu vaccination. One is a shot

in the arm and the other is a spray, mist or drop in the nose. Since September,

2009, has [Fill: he/she] been vaccinated either way for the H1N1 flu?

(937)

1 Yes

2 No [Go to M25.1]

7 Don't Know / Not Sure [Go to M25.1]

9 Refused [Go to M25.1]

CATI note: If Child age is 10 years or older, Go to M30.3.

M30.2. Since September 2009, how many of these H1N1 vaccinations has

[Fill: he/she] received?

(938)

- 1 One vaccination or dose
- 2 Two or more vaccination doses
- 7 Don't Know / Not Sure [Go to M25.1]
- 9 Refused [Go to M25.1]

M30.3. During what month did [Fill: he/she] receive [Fill: his/her]

(CATI note: if child age < 10, "first H1N1 flu vaccine?";

otherwise, "H1N1 flu vaccine?")

(939-940)

_ _ Month

77 Don't Know / Not Sure

99 Refused

CATI note: [If M30.3_Month in (7, 8, 9, 10, 11, 12) then M30.3_Year=2009; else if

M30.3_Month in (1, 2, 3, 4, 5, 6) then M30.3_Year=2010]

Interviewer verify response - That was [FILL IN MONTH] of [FILL IN YEAR], correct?

M30.4 Was this a shot or was it a vaccine sprayed in the nose? (941)1. Flu shot 2. Flu Nasal Spray (spray, mist or drop in the nose) 7. Don't Know / Not Sure 9. Refused CATI note: If Child age ≥ 10 Go to next module. If M30.2 = 2, THEN ASK M30.5, otherwise Go to next module. M30.5. During what month did [Fill: he/she] receive [Fill: his/her] second H1N1 flu vaccine? (942-943)_ _ Month 77 Don't Know / Not Sure 99 Refused CATI note: [If M30.5_Month in (7, 8, 9, 10, 11, 12) then M30.5_Year=2009; else if M30.5_Month in (1, 2, 3, 4, 5, 6) then M30.5_Year=2010] [If Date (M30.5_Month, M30.5_Year) < Date(M30.3_Month, M30.3_year), interviewer verify responses] Interviewer verify response That was [FILL IN MONTH] of [FILL IN YEAR], correct? M30.6 Was this a shot or was it a vaccine sprayed in the nose? (944)

- 1. Flu shot
- 2. Flu Nasal Spray (spray, mist or drop in the nose)
- 7. Don't Know / Not Sure
- 9. Refused

This module should be inserted following the Adult Population-Based Flu Morbidity Survey

Questions which were inserted following section 22, before other optional modules.

Module 10: High Risk /Health Care Worker

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

M10.1. Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

(313)

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- M10.2. Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.

(314)

- 1 Yes
- 2 No
- 7 Don't know / Not sure (*Probe by repeating question*)
- 9 Refused
- **M10.3.** Has a doctor, nurse, or other health professional ever said that you have...

Read all items listed below before waiting for an answer:

Lung problems, other than asthma

Kidney problems

Anemia, including Sickle Cell

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

[See Attached Health Problems List, if necessary] (315)

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]
- **M10.4.** Do you still have (this/any of these) problem(s)?

(316)

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

[DO NOT READ]

Lung Problems

Acute Respiratory Distress Syndrome (ARDS)

Bronchiectasis

Bronchopulmonary Dysplasia

Chronic Obstructive Pulmonary Disease (COPD)

Cystic Fibrosis

Emphysema

Lymphangioleiomyomatosis (LAM)

Pulmonary Arterial Hypertension

Sarcoidosis

Kidney Problems

Chronic Kidney Disease

Cystitis

Cystocele (Fallen Bladder)

Cysts

Ectopic Kidney

End-Stage Renal Disease (ESRD)

Glomerular Diseases

Interstitial Cystitis

Kidney Failure

Kidney Stones

Nephrotic Syndrome

Polycystic Kidney Disease

Pyelonephritis (Kidney Infection)

Renal Artery Stenosis

Renal Osteodystrophy

Renal Tubular Acidosis

Anemia

Anemia

Aplastic Anemia

Fanconi Anemia

Iron Deficiency Anemia

Pernicious Anemia

Sickle Cell Anemia

Thalassemia