Behavioral Risk Factor Surveillance System

Wyoming

January 2010
(CDC Core – 12/31/2009)

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
2  NUMBER IS NOT THE SAME

**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
2  No, NON-RESIDENTIAL

**NONRES**  IF - PRIVRES = 2

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

**ISCCELL**  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
2  YES, A CELLULAR TELEPHONE
Thank you very much, but we are only interviewing land line telephones and private residences.

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

How many of these adults are men?

__ Number of Adults

How many of these adults are women?

__ Number of 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 → MEN

2 CORRECT THE NUMBER OF WOMEN  SKP → WOMEN

3 CORRECT THE NUMBER OF ADULTS  SKP → ADULTS
The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

1 YES
2 NO

Are you the adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

1 YES AND THE RESPONDENT IS A MALE.
2 YES AND THE RESPONDENT IS A FEMALE.
3 NO

Is the Adult a man or a woman?

1 MALE
2 FEMALE

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

Then you are the person I need to speak with.

1 PERSON INTERESTED, CONTINUE
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
GETNEWAD  IF - SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

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

NEWADULT  IF - GETNEWAD = 1

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  →  PRIVRES
2  GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED  SKP  →  WRONGNUM
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].

1 PERSON INTERESTED, CONTINUE SKP → C01Q01
2 GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED SKP → ADULTS
Section 01: Health Status

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

C02INTRO

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
Section 03: Health Care Access

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
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)
2. 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
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

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
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**
IF - STATE = 5 AND M02Q01 = 0
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

____

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>555</td>
<td>NO FEET</td>
</tr>
<tr>
<td>888</td>
<td>NEVER</td>
</tr>
<tr>
<td>777</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**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]

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**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]

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>98</td>
<td>Never heard of “A one C” test</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
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

M02Q08
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

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

<table>
<thead>
<tr>
<th>C07Q03</th>
<th>IF - NOT(C07Q01 = 8 AND C07Q03 = 3)</th>
</tr>
</thead>
</table>

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

C08INTRO

C08Q01

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

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.”

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  →  C09END
7  DON’T KNOW/NOT SURE  SKP  →  C09END
9  REFUSED  SKP  →  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
7 DON'T KNOW/NOT SURE
9 REFUSED

SKP → 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
7 DON'T KNOW/NOT SURE
9 REFUSED

SKP → C11Q04

SKP → 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
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

SKP → C11Q05

SKP → C11Q05

SKP → C11Q05

SKP → C11Q05
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

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
Section 12: Demographics

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
CATI note: If more than one response to Q12.3; continue. Otherwise, go to Q12.5

C12Q04
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
6. Other [Specify]
7. DON’T KNOW/NOT SURE
9. REFUSED

C12Q05
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
2. 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 12 months
4. No, training for Reserves or National Guard only
5. No, never served in the military
7. DON’T KNOW/NOT SURE
9. REFUSED
**C12Q06**

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

Is your annual household income from all sources:

Less than $25,000?

1 YES
2 NO

7 DON’T KNOW/NOT SURE SKP → C12Q10i
9 REFUSED SKP → C12Q10i

IF - C12Q10d = 1

Is your annual household income from all sources:

Less than $20,000?

1 YES
2 NO

7 DON’T KNOW/NOT SURE SKP → C12Q10i
9 REFUSED SKP → C12Q10i
C12Q10b IF - C12Q10c = 1
Is your annual household income from all sources: Less than $15,000?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
SKP → C12Q10i

C12Q10a IF - C12Q10b = 1
Is your annual household income from all sources: Less than $10,000?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
SKP → C12Q10i

C12Q10e IF - C12Q10d = 2
Is your annual household income from all sources: Less than $35,000?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
SKP → C12Q10i

C12Q10f IF - C12Q10e = 2
Is your annual household income from all sources: Less than $50,000?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
SKP → C12Q10i
### C12Q10g

**IF - C12Q10f = 2**

Is your annual household income from all sources:

Less than $75,000?

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP → C12Q10i</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP → C12Q10i</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td>SKP → C12Q10i</td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td>SKP → C12Q10i</td>
</tr>
</tbody>
</table>

### 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?**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>SKP → C12Q10d</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>SKP → C12Q10d</td>
</tr>
<tr>
<td>7</td>
<td>DON’T KNOW/NOT SURE</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

### C12Q11

About how much do you weigh without shoes?

**NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 122.

ROUND FRACTIONS UP**

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td>7777</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>9999</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
C12Q12

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
7 DON’T KNOW/NOT SURE
9 REFUSED

SKP → C12Q17
How many of these telephone numbers are residential numbers?  
  Residential Telephone Numbers [6 = 6 or more]

7  DON’T KNOW/NOT SURE
9  REFUSED

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]

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

1  YES  
2  NO  

7  DON’T KNOW/NOT SURE
9  REFUSED

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

1  YES  
2  NO  

7  DON’T KNOW/NOT SURE
9  REFUSED
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  →  C12Q18D
2  NO  SKP  →  C12Q19
7  DON’T KNOW/NOT SURE  SKP  →  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  →  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  →  C13END
7  DON’T KNOW/NOT SURE     SKP  →  C13END
9  REFUSED     SKP  →  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?

1  __  Days per week
2  __  Days per month
888  No drinks in the past 30 days     SKP  →  C13END
777  DON’T KNOW/NOT SURE
999  REFUSED

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?

<table>
<thead>
<tr>
<th>__</th>
<th>Number of times</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>NONE</td>
</tr>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**C13Q05**  
IF - C13Q01 = 1 AND C13Q02 <> 888  

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

<table>
<thead>
<tr>
<th>__</th>
<th>Number of drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>DON’T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
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?

1 YES
2 NO  SKP  \rightarrow  C14Q03
7 DON’T KNOW/NOT SURE  SKP  \rightarrow  C14Q03
9 REFUSED  SKP  \rightarrow  C14Q03

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  \rightarrow  C14Q05
7 DON’T KNOW/NOT SURE  SKP  \rightarrow  C14Q05
9 REFUSED  SKP  \rightarrow  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
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
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?

__ Number of times [76 = 76 or more]

88 NONE SKP → C15END
77 DON’T KNOW/NOT SURE SKP → C15END
99 REFUSED SKP → C15END

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

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  →  C16END
9  REFUSED

CATI note: If Q16.1 = 8 (Never drive or ride in a car), go to Section 18; otherwise continue.
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 → C18Q03
7 DON’T KNOW/NOT SURE SKP → C18Q03
9 REFUSED SKP → C18Q03

C18Q02
IF - C18Q01 = 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  →  C18Q05
7  DON’T KNOW/NOT SURE  SKP  →  C18Q05
9  REFUSED  SKP  →  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)
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

C18Q05

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

1  YES
2  NO  SKP  →  C18Q07
7  DON’T KNOW/NOT SURE  SKP  →  C18Q07
9  REFUSED  SKP  →  C18Q07
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

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?

1  YES
2  NO  SKP → C19Q03
7  DON’T KNOW/NOT SURE  SKP → C19Q03
9  REFUSED  SKP → C19Q03

**C19Q02**  
IF - C19Q01 = 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
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
7 DON’T KNOW/NOT SURE
9 REFUSED

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

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

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
Section 20: Colorectal Cancer Screening

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

<table>
<thead>
<tr>
<th>C20INTRO</th>
<th>IF - C12Q01 &gt; 49</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C20Q01</th>
</tr>
</thead>
</table>
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  YES
2  NO
7  DON'T KNOW/NOT SURE
9  REFUSED

<table>
<thead>
<tr>
<th>C20Q02</th>
<th>IF - C20Q01 = 1</th>
</tr>
</thead>
</table>

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

Sigmodoscopy 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 → C21Q01
7 DON’T KNOW/NOT SURE SKP → C21Q01
9 REFUSED SKP → 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 sigmodoscopy 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
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.

1   YES
2   NO  SKP  →  C21Q05
7   DON’T KNOW/NOT SURE  SKP  →  C21Q05
9   REFUSED  SKP  →  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.”


__/____  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.

C21Q04  IF - C21Q01 = 1 AND C21Q02 = WITHIN LAST 12 MONTHS

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
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
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**
7. **DON’T KNOW/NOT SURE**
9. **REFUSED**

**M12Q02**
Was your most recent tetanus shot given in 2005 or later?
1. **YES**
2. **NO**
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 (GAR·DUH·SEEL); CERVARIX (SIR·VAR·ICKS)
1  Yes
2  No
3  Doctor refused when asked
7  DON’T KNOW/NOT SURE
9  REFUSED

M13Q02
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 or 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 or staying asleep or sleeping too much?
__ 01–14 days

88 None
77 DON’T KNOW/NOT SURE
99 REFUSED

M17Q04

Over the last 2 weeks, how many days have you felt tired 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 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 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.”

**M23Q01**

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 > 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

7 DON’T KNOW/NOT SURE
9 REFUSED

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 ≥ 6 months, continue. Otherwise, go to next module.

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

7 DON’T KNOW/NOT SURE
9 REFUSED

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
3 Doctor refused when asked

7 DON’T KNOW/NOT SURE
9 REFUSED

M26END

M26Q02

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

__ Number of shots

03 All shots
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  →  WY01Q04
7  DON’T KNOW/NOT SURE  SKP  →  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
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
**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**
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  
7  DON’T KNOW/NOT SURE  
9  REFUSED

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

1. YES
2. NO SKP → WY05END
7. DON’T KNOW/NOT SURE SKP → WY05END
9. REFUSED SKP → WY05END

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

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

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
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
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? (919)
   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? (920)
   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)
   1 = Within the past week [Interviewer, if asked: past 1-7 days]
   2 = 2 weeks ago [Interviewer, if asked: past 8-14 days]
   3 = 3-4 weeks ago [Interviewer, if asked: 15-30 days before today]
   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. Did you receive Tamiflu® or oseltamivir or an inhaled medicine called Relenza® or zanamivir to treat this illness? (925)

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

CATI Note: Apply prior to Q8; [(For a one adult household with no children, If the respondent has NOT been ill (Q1 = 2,7,9 or Q2=2,7,9) skip to next section); (For a one adult household with no children, If respondent has been ill (Q1=1 and Q2=1) go to Q10)]

8. Did any other members of your household have a fever with cough or sore throat during the past month? (926)

1 = Yes
2 = No – [If (Q1 = 1(Yes) and Q2 = 1 (Yes)) Go to Q10, Else go to next section]
7 = Don't know
9 = Refused

9. How many household members, [CATI note: Fill in “including you,” If Q1=1(Yes) and Q2=1 (Yes)] were ill during the past month? (927-928)

__ __ # persons
8 8 None
7 7 Don't know/Not Sure
9 9 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)

<table>
<thead>
<tr>
<th># persons</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>None</td>
</tr>
<tr>
<td>7 7</td>
<td>Don’t know/Not Sure</td>
</tr>
<tr>
<td>9 9</td>
<td>Refused</td>
</tr>
</tbody>
</table>

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?

   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?

   1 = Yes
   2 = No – [Go to next module]
   7 = Don’t know – [Go to next module]
   9 = Refused – [Go to next module]
Notes:

1. 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?

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 what month did you receive your H1N1 flu vaccine?

_ _ Month

(934-935)
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?

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

Module 30: Novel H1N1 Childhood Immunization - 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?
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?

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?”)

_ _ 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?

   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?

   _ _ 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?
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 [Go to next module]
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)?

1  Yes
2  No
7  Don’t know / Not sure
9  Refused
List of Health Problems to Accompany Module 10, Question 3

[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